HELATED TO THE IMPAINAL DISEASE OF L'ONDIFION GIVEN IN PARALLO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [CCURRED 14-17-18 -NATURE OF THUMBE IN 178-18 PART 1 OR PART 2) STATE 19 P6 and that in (my) (aux) apinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 22e ADDRES 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE Md Gaithersburg Montg 10/15/86 Forest Oak Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Olin L. Molesworth P.A. Damascus Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

176 KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

20872

Watkins

Item 13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

DHMH - 16 60M 7/84 (VRA 15. 4)

- STATE

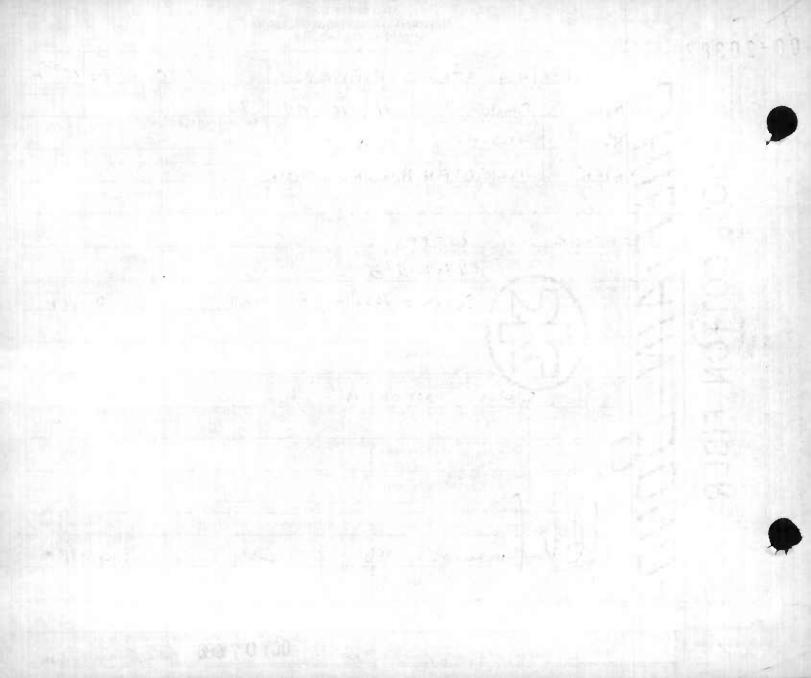
Ult-12 (3 to _____ trances __trans Le lan e la la patricia RESITERA ·, ·• Fraderick Coredion Norther Center Conserver Maryland | Montg. Darascus - xx 16021 Clark shirty toad the same devent how the terms to 213-74-0803 Evelyn L. Jenely lu/15/85 Forcat Cak Caltagrabura Mant | Md

382	FOR - STATE REGISTRAR		STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	29004
00210	ECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	BEU			10	2 86 10 AM
1.5	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	FEMA/E	CAUC.	4 10 04		RS.
70.	BIRTHPLACE (STATE OR FOREIGN COMMTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	
1	LENN.	U.S.A.	WIDOWED DIVORCED	Frederick C	ounty ME
111	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY
	rederick /	MERIDIAN R OTHER INSTITUTION GIVE RESIDENCE BEFORE	NURSING CENTE	Salesperson	Retail
100	STATE No. Mt.	NTY 13c CITY OR TOWN	pring YES NO NO	13e STREET ADDRESS / ZIP 6	CODE 20906 Sure World Blvd.
50	FATHER'S NAME GEORGE	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
1 160	WAS DECEASED EVER IN U.S. AI	VE WAR OR DATES) 166 SOCIAL SECUL	17 INFORMANT 2 5495 Mr. Richard	4521 ADDRESS Wight Dama	Possen St.
		nly one course per line for rat, (b), and	ties a s	1	APPROXIMATE PRESVAL METWEEN OWNET AND DEATH
		TECAUSE III Cerebr	o Vosular Acu	dent	2411
	Conditions, if any, which gave rise to immediate	DUE TO, OH AS A CONSEQUE	NCE OF		1 1 1 2 2 3
	cause in stating the underlying cause lost,	DUE TO, OR AS A CONSEQUE	NCE OF		1 30
			EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1/a
100			nercia		
CERTIFICATION	14: DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	FYES. WERE FINDINGS USED ERTEFYING CAUSES OF DEATHY YES NO
100	THE ACCESSION WAS UNDESCRIBED TO DE LE FITHER NOTES WEDICAL EXAMINE	HOUR A.M. MONTH DA	Y YEAR 19	PRED Y ENTER HAZZING CHE INJURY IN THE	A 18C KART 1 OR PART III
MEDICAL	116 MUNITY OCCURRED	27 PLACE OF INJURY (AT HOME STREET FACTORS OFFICE IN	SIL LOCATION	Citt Cit 10 NA	county state
21 11 410	yow the degeneral alive or	ital) attended the deceased from	10, and that in (my) (our) opinion	death occurred on the date and	10 that it (we) last f hour and from the causes stated
	228 SIGNATURE	Lineroun	n b ATTENDING	MEDICAL STAFF	10/52/P
POSTANT	224 PHYSICIAN SNAME THE	OR PERHIT	22+ ADDRESS		
731	BURIAL CREMATION, REMOVA	[4] All (1990) All (19	IAME OF CEMETERY OR CREMATORY	THE LOCATION OF ORDORS	county state
	Removal	10-2-86			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

ADDRESS. Balto., Md. OCT 0 7 1986 Julia Dioiden P.



297 1. 7	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	2 9	0 0 5
2441	DECEASED NAME	FIRST MIDDLE	l	AST	20 DATE OF DEATH		EAR 2b HOUR
ofter death	TYPE OR PRINT)	argaret Ma	Bo	rker		10 17 8	6 11:00A
D 3	SEX	A RACE	5. DATE C		6. AGE (IN YEARS LAST BI		
			Jun	0	63		DATS HOURS MIN.
17	BIRTHPLACE (STATE OR)	White	T COUNTRY? 8.		9 BALTIMORE CITY (OR COUNTY OF DEAT	TH TH
3	Maryland	USA		DINEVER MARRIED DIVORCED		ck County	
8	CITY OR TOWN OF DEA		WIDOWE PITAL, NURSING HOME O		120 USUAL OCCUPAT	ION 12b. KI	ND OF BUSINESS OR
64	The sale of the		ILITY, GIVE STREET ADDRESS)	n Wannidan	TT ON TO MOST		
	Frederick	ING HOME OR OTHER INSTITUTION GIVE R	ck Memoria	I Hospital	Housewi	ie h	omemaker
3 1	3o. STATE		CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		3 5 /045
	Maryland FATHER'S NAME	Frederick E	Brunswick	YES NO	1700 Pea	ch Orchar	d Dr. /217
100/	FIRST	WIDDLE	LAST	FIRST	MIDDLE		LAST
3	J.	Victor IN U.S. ARMED FORCES? 166	Strailman SOCIAL SECURITY NO.	Linzi	e Mae	ESS LOOD II	Albert
medico	(YES, NO OR UNKNOWN)	LIE YES GIVE WAR OR DATES!					olter Rd.
E /	No	21	5-18-1228	Timothy V	Barker -		
t, the	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per line f) 0	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
event, th	PART I. DEATH W	IMMEDIATE CAUSE (0)	age III B	cervical	cancer		10 mo
r injury, ar ather		NIFICANT CONDITIONS CONTR	, ASCU	D			
show ony	DIA DE H	TION 196 CONDITION	FOR WHICH OPERATIO	n was performed	20a AUTOPSY? YES □ NO ▼	20b IF YES, WERE F IN CERTIFYING CA YES	
	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M.	URY MONTH DAY YEAR 19	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	URY IN ITEM TO PART I ORPAI	RT 2)
orked or I	(IF EITHER NOTIFY MEDI-	LAT NOME STREET E	JJURY ACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUN	ITY STATE
21 is m	saw the decease abave ((1)(we) (s	this hospital) attended the dec ed alive a 1017 did) (did not) view the body after	death. 19 86 , or	nd that in (my) (aur) apinio	n death accurred on the o		m the covers stated
Dept.	22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STA		DATE SIGNED
5 7 2 at a	Kathle	Len W Stein	MO	PHYSICIAN	DIRECTOR PHYSI	CIAN 1	0/20/86
IMPORTANT: If	Kathle	-479	rn MD	610 North	Ave Brun	swick M	d 21716
5 5 ≤ / 2	3a BURIAL, CREMATION,			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	Burial	10/20/8	B6 Park H	eights Cem.		ck, Frede	rick, Md.
2		10/20/8	36 Park H			ck, Frede	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2h HOUR LIYPE OR PRINT OF ESTI-DEATH MATED XX 10-26 UPLAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. C. IN PAGE 5 FOR YOUR FILES. THE WITHIN 72 HOURS PROPOSED IN THE PROPOSE TO THE PROPOSE 19 86 Edgar J. Barnes, Jr. 4. RACE DATE OF BIRTH 6. AGE (IN YEARS LIF UNDER 1 YR. LIF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 11:30 PRONOUNCED Feb 16,1922 White 64 DEAD 1086 Male TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Marvland American Frederick County, WIDOWED X DIVORCED 11. Name of Hospital, Nursing Home, or other institution (IF Not in Such Facility, GME STREET ADDRESS) WOODED area — Old Liberty Rd., near Water Street CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Mt. Pleasant Contractor Excavating 21797 Howard 13a STATE Woodbine 13d. INSIDE CITY HARITS? 113e STREET ADDRESS Marvland 1874 Route #94 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ida Rebecca Flynn Barnes, Sr. Edgar 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 1878 Route#94 Woodbine, Md. (YES, NO. OR UNKNOWN) 217-12-2577 William E. Barnes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO PAGE 3 SHOULD BE U STATE DEPARTMENT O D. 21201 PRIOR TO BUR TO BU HOUR A.M. MONTH DAY YEAR 210. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 10-26 19 86 pilot in plane crash P.M. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK wooded area Old Liberty Rd.near Water St., Frederick Co., D FUNERAL DIRECTOR: P. FTER DEATH WITH ST. ALL MANAGE, MARKAND, 2 and in my opinion ХX 22a I certify that I took charge of the remains described above, held an Inspection death resulted fra Homicide Undetermined manner SHOULD TILE (SPECIFY) 10-29-86 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS AFT RAIL 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 10/31/86 McKendree West Friendship Md. Burial BP. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Olin L. Molesworth, P.A., Damascus, Md. (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN 26 HOUR MONTH (IYPE OR PRINT) ESTI-DEATH MATED XX 10-26 Dorothy E. Barnes 19 86 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. 2c DATE 2d HOUR YEAR LAST BIRTHDAY) 11:30 PRONOUNCED Nov. 9,1925 10--28 19 86 DEAD White Eemale 60 YRS A. M BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland American WIDOWED A Frederick County, DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (15 NOT INSUCH FACILITY, GIVE STREET ADDRESS) WOODED area --OR INDUSTRY Mt. Pleasant Old Liberty Rd, near Water St. Homemaker SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21797 MISH COUNTY Illa STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Howard Woodbine YES NO D 1874 Route #94 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Davis Musa Henley Hopkins WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 878 Route#94 166 SOCIAL SECURITY NO. I (IF YES, GIVE WAR OR DATES) 217-80-1538 William E. Barnes Woodbine, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY (est. 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR 10-26 19 86 passenger in plane crash CONTRIBUTING CAUSE OF DEATH PM 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK wooded area Old Liberty Rd., near Water St., Fred. Co., Md. Autopsy XX 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted from Notural couses Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DAFTER DEATH. Assistant MEDICAL EXAMINER 10-28-86 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth. M.D. 21201 TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 10/31/86 Md. Burial West Friendship McKendree 07/84 BP 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE whoredown honders **DHMH - 17** (VR A15 ME (5)) Olin L. Molesworth P.A. Damascus Md

the man site of the state of th Spannels . You're growth -All cino Affi x and boot braves barier TOLER 217-50-1536 William E. Bornes Com-Colonial Olim L. Johnston, C. A. Ogfancur, Md.

(VRA 15, 4)

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00-	20165		E OR PRINT)					MIDDLE	70	_	LAST			20 DATE OF	ESTI-		MONTH	DAY	YEAR	26 HOUR
	IS NEGESSARY, PLEASE HEEUNERAL DIRECTOR. THE S FOR YOUR FILES. THE S FOR YOUR STREET, OIL PRESTON STREET,	3 SE)		4 RACE	Berro	5. DATE OF	F BIRTH	V	RTTEL]		OWINS	IF UNDER	24 HRS	2c DAT	MATE) L.	10/	BAY DAY	19 86 YEAR	7d. HOUE
	N ST	M	ALE	BLAC		MAY	25-1	YEAR O61	LAST BIRTH			HOURS	MIN	PRONOU	NCED		10/	8/	19 86	4:00
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1	SE S	10. CI	TY OR TOWN	OF DEATH	1	11. NAME	OF HOSP		RSING HOA		IER INSTITU	TION	12a USU FOR	JAL OCCU	JPATION DRKING LIFE	(TYPE OF	WORK	2b KIN OR	INDUSTR	SINESS
6	3232	Lucius A	Frede:				85		Marci		oice 1	Lane		IA	BORI	ER		**	***	
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MOR	AFTER DE INF PAGE H FORM AGES 1 AI ISION OF	16a. V	AS DECEASE	EVER IN	U.S. ARM	ED FORCE	S?	16b. 50	CIAL SECUR	ITY NO.	17. INFORA	HERIN	H.	CARF		RESS				-
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	288≥ F-0		18 CAUSE O	F DEATH (Enter anly	ane cause	per line f	ar (a), (b), and (c).)	Mult	iple	Inju	ries					APP	PROXIMATE EEN ONSET	INTERVAL AND DEATH
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A R	SED AL,	CAT	190. DATE OF	OPERATIO	ON	19b.	CONDITI	ON FOR	WHICH OP	RATION V	AS PERFOR	MED?						100	JTOPSY?	
Z N	SHO SHO	MEDICAL CERTIFICATION	21o. EXTERNA	CALISE	VA/ A S	1216	TIME OF	IA LILLOV		Tax 11	011/15/11/05/	0.000							ES X	NO 🗌
ON	A HE HE	NI CE	UNDERLYING	X OR		HO	UR A.M.	MONTH	DAY YE	AR I	OW INJURY								aa11	icior
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	PAN					af the rem			ove, held an	Autar	[37]	Inspectio		Inquiry			my api			,
	MAN CHANGE		death results	1000		г	- Contraction	Accident		vicide _	, Hamic			ermined m],	· iii) opi			
	WIT WITH		ACTUAL .		VO	M	/	1				PECIFY)							100	
	RE'A		ACTUAL SIGNATURE	1	4	10	V			^	.D. Ass.	istan	IT MED	ICAL EXA	MINER		DATE)	10/9	/86
	WO WE DE		EXAMINER'S		Cro	CON	D V	auff	man, N	(D		1	11 Pe	ann G	3+-					
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMORDED TO THE CHIEF MEDICAL EXAMORDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL SHERE DEATH, WITH THE STAITE DEPARTMENT OF HEALTH AND MARATMONE, MARYDAND, £1201 PRIGR TO BURIAL, CREMATION,	23a R	(TYPE OR PRIN				N. N		NAME OF C		ADDRESS_			CATION	<i>)</i> (•					
07/84	BP	E	URIAL	,		OCT 1	1-86		OPELAN		CILIMATO		CITY	OPEHT	II_F	חשפי	COUN		STA	ATE
25M	DHMH - 17	24 F	INERAL DIREC	TOR			ADDRESS					250 DATE	REC'D. BY	REGISTR.	AR 25h,	REGISTI	RAR'S SI	GNATU		
	(VR A15 ME (5))	0	.E.HIC	KS 11	1 19	22 FO	REST	DR.	ANNA	MD. 2	1401	U	14	1 198	0 1	لكار مراوزة المناح	en(da	13 E.J.	I mpless	

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STATE OF MARYLAND

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TE OF DEATH	HIMOM	DAY	YEAR	25 HOLD	

	1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 8 6	2 9	0 1 0
I		CEASED NAME Laura	O Day		WSER WSFR	20. DATE OF DEATH MO	5 1986	6:35 A
	1 SEX	Female	4 RACE Whit	Debe		6 AGE (IN YEARS LAST BIRTHD.	YRS.	ATS HOURS MIN.
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY) New York	76. CITIZEN OF WHAT C	MARRIE WIDOWE			k County,	MD.
1	F	ry or town of death mederick	Meridian	Nursing Ho	or other institution	120. USUAL OCCUPATION	ORKING LIFE) 175 KINI	p of BUSINESS OR practice
1	In S			y OR TOWN Vy Chase	136 INCIDE CITY LIMITS?	13e.STREET ADDRESS / Z 3702 Shepl	hred St.,	20815
1	FA	THER'S NAME Patrick	O Day	LAST	15 MOTHER'S MAIDEN NA/	WIDDLE	Eber	
	()	(IF YES GIV	E WAR OR DATES	8-07-2272	Mrs. Susan H			
	HON	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A (c)	CONSEQUENCE OF ALTHER	NOT RELATED TO THE TERM			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	DN WAS PERFORMED	YES NOTE	OB IF YES, WERE FIN N CERTIFYING CAUS YES	IDINGS USED SES OF DEATH? NO []
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJU	ONTH DAY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN		13
		AT WORK NOT WHITE AT WORK 220.1 certify that (I) (this haspi saw the deceased alive an abave, (If (we) (did) (did no 27b SIGNATURE)	tal) attended the decea 15 october 1) view the bady after de	sed fram 29 J	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 122e ADDRESS	, 10	22c DA	that V (we) last the causes stated ATE SIGNED
		Dr. George I			804 Toll Hou	ise Ave., Fre	derick, M	d. 21701
		urial, cremation, removal			emetery or crematory asburg Cremato			gton, Md.
	24 FU	106 East Churc	and Basford	rederick.	Md. 21701	REC'D. BY REGISTRAR 256	La Durden	NATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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106 East Church Street, Frederick, Md.

FOR

REGISTRAR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21701)[:

REG. NO

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Mary Frances I Mile Mile I and American Container of the State Sept. Militar 1 1911 . 1.3.7 De Benery near residence far your farrors for all and the conduction terrand bedressed to the section of the bedressed to the section of the section o

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	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE B D REG. NO.	2 9 0	1 2
3119	(TYPI	CEASED NAME FIRST		DUISE UISE	Brond	ANDENBURG	26 DATE OF DEATH MONTH	0/86 VEAR 2	² 10:30A
and the	3 SE	× FEMALE	4. RACE WHITE	Ξ	S. DATE C	712/109 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN.
18		RTHPLACE (STATE OR FOREIGN PENNSYLVANIA	U.S.A	F WHAT COUNT	MARRIE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OR COU FREDERICK		MD
64		REDERICK			IORTAES H	OSPITAL	120 USUAL OCCUPATION SEAMSTRESSE WORKS	NG LIFE) 126 KIND OF	NG
B	MD		DERICK	N, GIVE RESIDENCE B	SEFORE ADMISSION)	134 (1) SIDE CITY LIMITS?	13 STEETA OF SECONSE.	BRIDGE ROA	21757
42	14. F/	FRANKLIN MAR	TIN DOLE	LAST		RUTE: WES		LAST	
ewaval.	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES?		7-9886	DENVER L. B	RANDENBURG 1211	4 LEGORE B	BRIDGE F
injury, or other troumatic	ATION	0.1	DUE TO, (c)_ HT CONDITIONS (S)	talen	TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION	I GIVEN IN PART I (a). FYES, WERE FINDING	25 HSED
Mental Hygiene prior	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH			YES NO RRED (ENTER NATURE OF INJURY IN ITEN	ERTIFYING CAUSES O YES []	OF DEATH?
morked or Hem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	P.M. E OF INJURY STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
. of Healt n 21 is ma		220.1 certify that (1) (this had sow the deceased alive above, (1) (Me) (Nid) (did			5/1/1	d that in (my) (obc) apinion	death accurred an the date and		not (I) (%e) lost auses stated
State Dept		226. SIGNATURE	Adlio PE OR PRINT)	r)m		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SI	GNED 34XB
WPORT	23a. E	LIGI, of T	4 H (W)	rjan	23c. NAME OF C	1475 Tan	123d LOCATION	relige	and
		BURIAL	11/			EMETERY OR CREMATORY PE CEMETERY	' woodsbord		CK MD
5 60M 7/B4	1.7	DAMED HARTZL	ER	W06	DSBORO,		TE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATUR	

STATE OF MARYLAND



3

uneral director, page 3

STATE OF MARYLAND

1.	FOR STATE REGISTRAR				ICATE OF DEATH	8 S		9 0	1 3
1. DÉ	CEASED NAME E OR PRINT)	me The	Louise	Ch	MPBELL	20. DATE OF DEATH) 26	86	5 HOUR
3. SE	X	4 RACE	A. A.	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
F	Temale	Wh	ite	Sept		63	YRS MO	NIHS DAYS	HOURS MIN
7a. B	IRTHPLACE (STATE OR FO		OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	1710	F DEATH	
0.1	aryland		USA	WIDOW		Frederic	k Cour	itv.	~
10. €	ITY OR TOWN OF DEAT				OR OTHER INSTITUTION	12a USUAL OCCUPATION	N	12b KIND O	F BUSINESS C
F	rederick				1 Hospital	Secretar			rnment
USU	AL RESIDENCE HE NURSIN	G HOME OF OTHER INSTIT	130. CITY OR TO	FORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
	laryland	Frederi			YES NO			treet	/21716
	ATHER'S NAME	WIDDLE	LAST	W.L.C.A.	15. MOTHER'S MAIDEN NA	ME			
1	Roy	Edward	Gram	ns .	Agnes	Caro	1 a	(AS1	tts
	WAS DECEASED EVER IN			CURITY NO.	17 INFORMANT	ADDRE	The state of the s	E. HA	St.
	YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	217-12	-2348	Mark H. Ca				d. 217
CERTIFICATION	gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI	the DUET		O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	20b IF YES, V	WERE FINDIN	GS USED
RTIFIC					1	YES NO	IN CERTIFYI YES	NG CAUSES	
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOU	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	white Not white	CATHO	ACE OF INJURY ME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	22a I certify that (1)	d) (did not view the		<u>86</u> .	nd that in my (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRES6	death occurred on the do	F	22c DATE	127/8
	BURIAL, CREMATION, RI (SPECIFY) Urial		E 23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Brunswi		соинту	STATE
	UNERAL DIRECTOR		AODRES		25a DA1	E REC'D. BY REGISTRAR	56. REGISTRA	AR'S SIGNATI	JRE
J	ohn T. Wil	liams Fu	neral Hom	e Brun	swick Md MAR	SHOW BOS	A. R.	90	197.00

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

After this certificate has been signed by the attending physical as the burial-tronsit permit. Then please remove corbon papers.

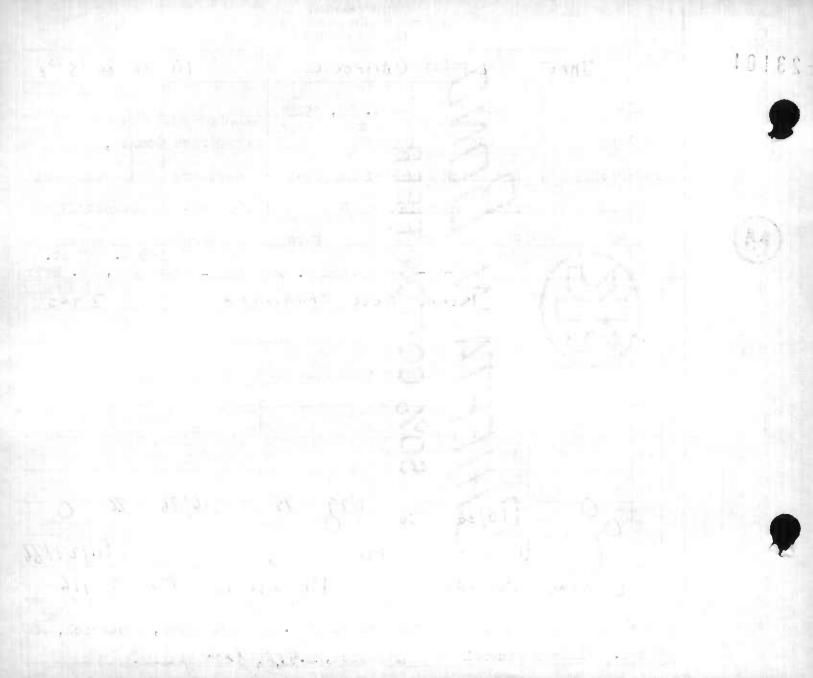
should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremotion,

ENDING PHYSICIAN: The low

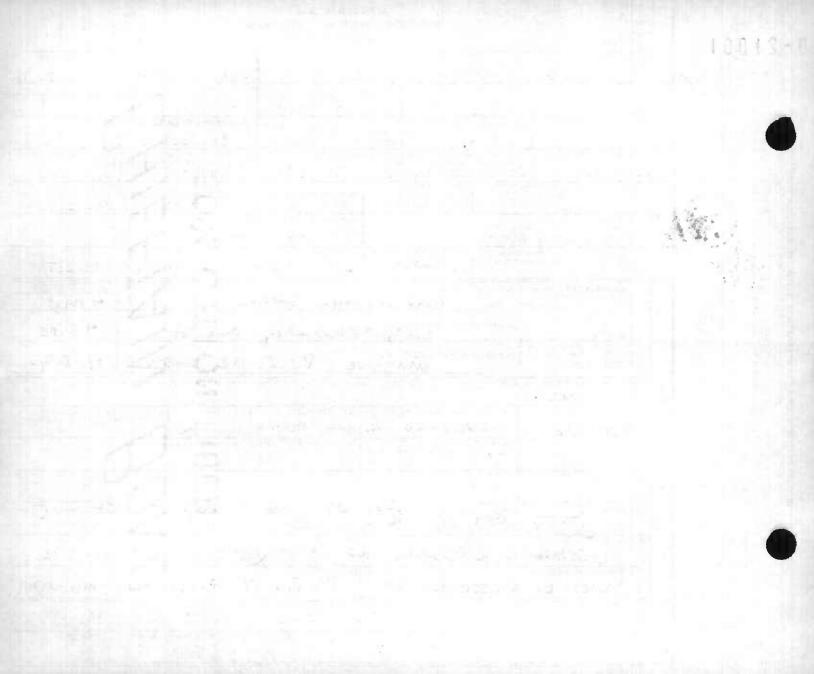
TO HOSPITAL OR

retained by the haspital or attending physician.

(VRA 15, 4)



	1				TATE OF MARYLAND			
21001	Ŀ	FOR STATE REGISTRAR		CER	OF HEALTH AND MENTAL H	YGIENE S OREG. NO.	9 0	1 3
		CEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
poge 3	Ł_			uline Cobl		Oct. 8, 198	6	1 P. M
fter p	3. SE	X	4. RACE		TE OF BIRTH ONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	AR IF UNDER 24 HRS
oge . irecto		Female	white		ct. 9, 1915	70 YRS		
7 2 pd 2	/a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN		
deo	M	d . ITY OR TOWN OF DEATH	U.S.	I WID	DIVORCED [JM
by the filled with		Frederick	Frede:	CHEACHITY, GIVE STREET ADDRESS TICK Memor:	ial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING NOUSEWIFE	GLIFE) INDUSTR	n of business or home
24 hou	13a.	AL RESIDENCE (IF NURSING HOME STATE ALL PLANTS OF THE PROPERTY	or other institution JNTY ederick	GIVE RESIDENCE BEFORE ADMISS 131. CITY OR TOWN MIGGLETOWI	ON) 13d. INSIDE CITY LIMITS? 1 YES NOXO	13e STREET ADDRESS / ZIP CO Coblen		21769
thin sho	JEE.	THER'S NAME			15. MOTHER'S MAIDEN	NAME		
		James Ross	Adams	LAST	Nora	Pauline S	ix	LAST
B + 100		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECURITY N		ADDRESS	17.	
× 00 0	(YES NOOR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	212-68-760	08 Lois Hold	der Middleto	wn, Md	.21769
requires that the death certifications is a signed by the attending structure. Then please remave corbin particular to buriol, cremation, or remover injury, or other traumatic event.	CERTIFICATION	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, CO CONDITIONS C	OR AS A CONSEQUENCE COMPAND OR AS A CONSEQUENCE COMPAND ONTRIBUTING TO DEATH	FINE PULM BUT NOT RELATED TO THE TEI	MARKEST MONTHY EMBOLY RMINAL DISEASE OR CONDITION OF	4	
The state of	RTE	9/19/86			reisional HORN	YES NOT	YES 🗍	NO 🗌
CCIAN: 9 physical enthics of-mon		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	M. MONTH DAY YE	AR 19	URRED (ENTER NATURE OF INJURY IN ITEM	8 PART I OF PART 2	1
of PHYS offer this of a the burner than the burner the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
CTOR, A CTOR, A for use of Health	1	22a.1 certify that (1) (this has saw the decease halive a abave, (1) (we) (did) (did r			, Old that in (my) aur) apinio	an death accurred on the date and h	19 0 co	. that (I) we last the causes stated
AL OF J AL DIRE detailed of Dept T. if her		226. SIGNATURE	- L. K	olssler.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		TE SIGNED
D HOSPITAL Italianal by H O FUNERAL hould be der Ambrithe Stote		JAMES L	· ROES	sler md	P.O. Box	17 MIDDLETO	M, NC	D. 21769
BP		BURIAL, CREMATION, REMOVA	Oct.1	LO,1986 Lut	heran Cem.	Middletow		
DHMH - 16 60M 7/B4 (VRA 15, 4)	247	Tompson Fune	ral Hon	ne Middlete	Wg, Md. 250.D	ATE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGN	ATURE -



-22115	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 6 REG. NO.	2901	Ö
ay be oge 3 deoth		CEASED NAME FIRST	THY	Middle (ae		INNER	20 DATE OF DEATH MON	DAY YEAR 26. HOUR 998 A	M
por po	3. SE		4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MI	
direct	-	Female IRTHPLACE (STATE OR FOREIGN	Whit	WHAT COUNTRY?	Feb.		9 BALTIMORE CITY OR CO	YRS.	_
E 22		COUNTRY) Maryland		USA	MARRIED	NEVER MARRIED DIVORCED	Frederick		MD.
s after de by the fune lied within	1	TY OR TOWN OF DEATH Knoxville	(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS)	souder Rd.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Owner	12b. KIND OF BUSINESS O	OR
hin 24 hours filled in by thoutde be fill months	13a.	AL RESIDENCE (IF NURSING HOM STATE 13b. CC	E OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO TO TO THE NOTION NA	130.STREET ADDRESS / ZIF	CODE	
1 時間 1607	1	James	Edward	LAST Eur		Frances	MIDDLE	Cannon	
ed call st		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		536 Brunswick S	t.
Pog.		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	220-26-0	0111	Thomas W.		nswick, Md. 217	
hysicio popers loval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe JSED BY:	r line far (a), (b), an	d (c)		Aires	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
requires that the death ce en signed by the attendin 1. Then please remove carb or ta burial, cremation, or r y injury, ar other traumotic	NOI	Conditions, if any, which gave rise to immediate cause (01), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITIC	DN GIVEN IN PART I (a)	_
low is be pring	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATION	WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO	
PHYSICIAN: The reding physicion this certificate has burial-transit produced manual Hygien d or Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DE INJURY I.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY PREET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
R ATTENDING hospital or out RECTOR. After red for use as the ppt. of Health a tem 21 is market.		220 I certify that (I) (this has sow the deceased live above (I) we (Idid) did	annot) view the bady	deceased fram_	86 , one	that in (my) (aur) apinion	death accurred an the date o	nd hour and fram the causes stoted	ast
SR he		22b. SIGNATURI	Illyavi		mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/20/8	2
TO HOSPITAL retained by the TO FUNERAL E should be detail with the State E IMPORTANT: If		22d. PHYSICIAN'S NAME (TY		Lamer	No	22e. ADDRESS DUN	swick, 1	40. 21716	
BP		BURIAL, CREMATION, REMOV SPECIFY) Burial JNERAL DIRECTOR NAME	23b. DATE 10/2	40.0		metery or crematory eights Cem. 250, DA	23d. LOCATION CITY OF TOWN Brunswick TE REC'D. BY REGISTRAR 25b. 1	Frederick, Md	
(VRA 15, 4)	Jo	hn T. Willia	ms Funer		Bruns	wick. Ma	24 186 Li	ie Sinding Colours	

-22 in 5

TO 24 WE fine titue the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	ਲੋ	Ó REG. NO.	2	9	U	and and	
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	REGISTRAR				CERTIN	ICAIL OI DEA		REG. N	10.			
	CEASED NAME	FIRST	,	AIDDLE		AST	A	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R
(1Ab	EORPRINT (LIL	LIAH		PARRETT (CON	velty		October		1986	4:5	
3. SE	X	4,	RACE		5. DATE O		YEAR	6 AGE IN YEARS LAST B	IRTHDAY)	MONTHS DATS	HOURS	MIN.
	MALE	-	WHIT	Œ	10		95	90	YRS			
7a. B	IRTHPLACE (STATE OR E	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MAR	PIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
	ENGLAND	5.	USA		WIDOWE	DIVO	RCED [FREDE				WE
	FREDERICK	1	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET AN NURSIN	G HOM		TION	170 USUAL OCCUPATIVE OF WORK FOR MOST CONSULTAN	OF WORKING		ATION	
13a	AL RESIDENCE (IF NURS STATE MD	13b COUNTY	1	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI FREDER	N			13. STREET ADDRESS				
Y	JAMES	MI	DDLE	CONNOL	EY	15 MOTHER'S M	t	T.		WALK		
	WAS DECEASED EVER	IN U.S. ARMI		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDI	RESS De	rwood, M	D	
	NO	N/A	TAR OR DATES	233-01-9	833	Wayne .	A. Cor	nnoley 18	805 W	oodway I	r.	
CERTIFICATION	gave rise to imm couse IoI, statin underlying cause PART 2 OTHER SIGN	og the last.	NDITIONS CO	NAS A CONSEQUE	DIS	FASE		NAL DISEASE OR COI	20b. IF Y	GIVEN IN PART 11 YES, WERE FINDING CAUSES	NGS USED	H?
	21a. ACCIDENT WAS UNE		21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJUR	RY OCCURR	YES NO	<u>' </u>	YES 🗌	№ □	
MEDICAL	(IF EITHER NOTIFY MEDIT 216 IN JURY OCCURI	CALEXAMINER)	P. 21e PLACE		19 ARM, ETC)	21L LOCATION STREET		CITY OR I	OWN	COUNTY	ST	TATE
	220.1 certify that (1) sow the decease obove. (1) (52b. SIGNATURE)	(the tospitoled alive on	view the bady		Pc	DEGREE ATTE	NDING	leath occurred an the	A E E	aur and Iram the		ted
	GEORGE	I. SMI	TH,JR.	r				ouse Ave.,	Fred	erick, M	D	
	BURIAL, CREMATION, (SPECIFY) BURIAL		23b. DATE 10/4	/86 RE		EN MEM.G	ARDENS			REDERICK	MD	TATE
	UNERAL DIRECTOR 1621 Oposs			TAUFFER Frederic	k, MD	21701	25a. DATE	T 0 9 1986	R 756 REGI	STRAR'S SIGNAT		

DHMH - 16 60M 7/84

(VRA 15, 4)

		FOR STATE	U	PARIMENT OF F	EALTH AND MENTAL HY	GIENE	0 0 1 1 3
		REGISTRAR		CERTIF	ICATE OF DEATH	B REG. NO.	27019
0234		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3	(I Y PE	MARV	GenerA	C	oalev	10/4/86	050
moy . po	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
ge 4	-	Female	White	OC.	t. 27, 1921	64 y	MONTHS DAYS HOURS M
Po Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
deoth.		Maryland	USA	WIDOW		Frederick	County.
	10 9	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
7	17	Frederick	Frederick	Memorial	Hospital	Homemaker	TO LINE Y HADOSTKI
	USU 138	TATE NORSING HOME OF	R OTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP C	ODE
		ryland Carr		iry	YES NO	7916 Bennett	Branch Rd. 217
A 2 s	14, EA	THER'S NAME FIRST	MIDDLE	AST	15. MOTHER'S MAIDEN NA	AME	IAST
dus &		Harry	F. Anders	on	Pearl	Mae	Wright
dicol	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT	I ^D West	Church St.
Pog 7	A STATE OF THE PARTY OF THE PAR	(IF YES, GI		30-1276	Shirley A.	Mayne, Mt. Air	y, Md. 21771
ned by the please removinal, creminy, or other t		gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COI		NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1to
s been sig	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR			200 AUTOPSY? 20b. IF	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
ho sit pe	RTIF					YES NO	YES NO
ding physicia is certificate buriol-transit Mental Hygie or them 18 ho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART OR PART 2)
this of the day	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM FTC)	211 LOCATION	CITY OR TOWN	COUNTY STATE
ter than han	>	AT WORK AT WORK	(All Holle, State), Factori,	OTTICE, TARM, ETC.	2 10	15 3/	n
R: A: Wise of the old is mo		220 1 certify that (1) (this hosp			1955		, 19 <u>06</u> , that (I) (we)
Spite CTO I for of h		sow the deceased alive on above, (1) (we) (did) (did no	at) view the body after death	_19_05_, or	nd that in (my) (our) apinion	death accurred on the date and	hour and from the causes stated
AL OR , the ho AL DIRE letoched ste Dept T: If Hen		226. SIGNATURE	1. May	lm n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22L DATE SIGNED
L > ~ ~ ~ 7	4	22d PHYSICIAN'S NAME (TYPE)	22e ADDRESS	De D Tol	4 4 2
D HOSPITAL rained by H O FUNERAL rauld be det iith the Stote		Angran G. M.	140100.0-17		10111111	June 101. Tel	levie 12/70
TO HOSPITAL retained by th TO FUNERAL should be deto with the Stote I	23a. E	URIAL CREMATION REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	
TO HOSPI retained b TO FUNE should be with the Si	23a. E			23c. NAME OF C	EMETERY OR CREMATORY		COUNTY S

STATE OF MARYLAND

Andertok Prederick Fenerial Hospital Toronsuren 7916 Henriett Branch Du. 21771 Partiand Carroll Mt.Airy Dasfersell Harry ?. tuderson Fourt las Uricht I weer damed St. 21 -31-120 Stirley A. Havne, Mr. 4127, Mr. 21771

Surjet Clarketon, Clarketon, Clarketon, Contacter, Manual Contacte

of the country F.A., James, 4.

Poges and 2

pe

death

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

may be

STATE OF MARYLAND

DEPARTME

NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE B REG. N	vo. 2	9)
LAST	20 DATE OF DEATH	MONTH DAY	YEAR	7h HOUR

	DE	REGISTRAR CEASED NAME FIR	RST	MIDDLE	L/	ICATE OF DEATH	REG. NO	MONTH DAY	YEAR	26 HOU
			DUN	Allen	C	OUPER		0 31	88	NO
3	3. SEX	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER
	44	Male	Whit	е	June	^	74	YRS.		
267	7a BI	RTHPLACE (STATE OR FOREK		F WHAT COUNTRY	? B MARRIED	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
		aryland		USA	WIDOWE	DIVORCED	Frederic			
Jan.	10 CI	TY OR TOWN OF DEATH		F HOSPITAL, NURSI SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126. KIND O	
Copel		runswick		dence - '		4th Ave.	Plumber		Gove	rnme
76	13a. S		COUNTY	13c CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
		ryland F	rederick	Brunsv	wick	YES X NO		h Ave.	/ 21	716
1	I PA	FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAS	
Aud	lán V	Herbert	Ignati			Lillie	Mae	55706 0	Orri	
1		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)					ss 306 C		
-		No		705-12-		Jean C. M	allen - Lee	sourg.	Va.	MATE INTER
- 1		PART I. DEATH WAS	nter only one couse p CAUSED BY. AEDIATE CAUSE (o)_	THE PROCESSION CONTRACTOR			TRREST			1EOI
		Conditions, if any, who gave rise to immedia couse (a), stating	ote the DUE TO.	OR AS A CONSEQU	UENCE OF	NOTIC CHRO	10 VISCUCITE	10.761.02	MM	DY Y
	NO	gove rise to immedicouse (a), stating underlying couse la	ofe the ost (c)	OR AS A CONSEQU	UENCE OF	MELLINS NOT RELATED TO THE TERA	·		MM	JY Y
7	TIFICATION	gove rise to immedicouse (a), stating underlying couse la	obte the DUE TO, (c)_CANT CONDITIONS	OR AS A CONSECU	DEATH BUT	MELINS	·		IN PART 10	JY Y
/	CAL CERTIFICATION	gove rise to immedicouse to, stofing underlying couse to PART 2. OTHER SIGNIFIC	ofe the DUE TO, ost (c)_ CANT CONDITIONS. 1 196, CON ING	OR AS A CONSEQUENCE OF INJURY	DEATH BUT	MELLINS NOT RELATED TO THE TERM	TO AUTOPSY? YES NO M	206. IF YES, W IN CERTIFY IN YES	IN PART 110 ERE FINDING CAUSES	NGS USEC
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ctor ctor		Female	White	MONTH .	19 YEAR	69	YRS.	MONTHS DAYS	HOURS MIN.
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1 11 25		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OF		120 USUAL OC	CUPATION	12b. KIND OF	BUSINESS OR
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25	230.	BURIAL, CREMATION, REMOVAL		73c. NAME OF CE	METERY OR CREMATO	RY 23d. LOCATIO	OWN	COUNTY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR LAST I. DECEASED NAME 20: DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) oge 3 death Oct. 5, 1986 8:35 Nellie, May Crone 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH IF UNDER 24 HRS 3, 1887 98 white Nov. female To BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Frederick co. Md. U.S.A. WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY self=employed frederick Memorial Hospital domestic Frederick 136 COUNTY 30 Walnut St. 13a. STATE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 21769 Middletown Md. Fred. YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE MIDIOLE Hawbt George Fanhie Long 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Middletown, Md. 212-74-8143 Helen Summers No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: maestive IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF fibrillation Canditions, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION worlkio-19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X YES [] Нуд 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE SEPT BERRY OCT 22a.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive on OCT 5 obove, (I) (we) (did) (did not) view the bady after death. , and that in (my) four opinian death occurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED 10-10-860 MEDICAL ATTENDING PHYSICIAN T DIRECTOR PHYSICIAN 22e. ADDRESS P.O. BOX 17 MIDDLETOWN MD. 21769 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) 1986 Lutheran Cem. Middletown Fred. Burial 21769 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Thompson Funeral Home Middı DHMH - 16 60M 7/84 (VRA 15, 4) CLOWN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-21832	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	29022
page 3 r death		CEASED NAME BESS	ie Vande	elia D	agenhart		20, 1986 7:30P M
ge 4 may	3 SE	*femile	4. RACE White		OFBIRTH DAY 184	6 AGE LIN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
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omplete fall		ATHER'S NAME FIRST Martin	MIDDLE Sm.		15 MOTHER'S MAIDEN NA FIRST Susan	MIDDLE	Emmert
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TO HOSPITAL Cretained by the TO FUNERAL Eshauld be detained the With the State EliMPORTANT: If		Bernar C	Thomas J			st Frederi	ck, Md 21401
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DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR John H. Bast Jr	. Rt. 4 Box	ADDRESS 2171 7 Boonsbo	CMOVE A	6 12 (Bulletin) At 11.	BEGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-20501 REGISTRAR I. DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) TEPTHA NMN FRRICK 10 86 0521 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX MONTH VEAR 12 30 1921 MALE WHITE YRS 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FREDERICK WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MANUFACTURING FREDERICK MEMORIAL HOSPITAL INSPECTOR FREDERICK JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1746 Worthington Court, 21701 FREDERICK MD FREDERICK 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MICOLE LAST FIRST D. DERRICK ELSIE ALLEN 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Frederick, MD (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) DOROTHY CLARA DERRICK 1746 Worthington Ct. YES WW II 220-14-2277 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY MYOCARDIAL INFARCTION 15 MINUTES IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF ISCHEMIC Conditions, if any, which gove rise to immediate cause (a), stating DAYS underlying couse lost AORTIC ANEURYSIM CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICATION HEROSCILEROSIS 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Oct 3, 1986 RUPTURED AORTIC NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fram_ Oct 4. 86 sow the deceased olive an Oct 4; above Th(we) (did) (did not) view the bady after death and that in my (aur) apinian death occurred an the date and hour and from the causes stated 22c DATE SIGNED 22h SIGNATTIRE DEGREE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS FREDERICK d b MD 2170 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) BURIAL 10/08/86 Resthaven Memorial Gdh Frederick Frederick 24. FUNERAL DIRECTOR G. DOUGLAS STAUFFER 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 1621 Opossumtown Pike, Frederick, MD 21701

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STATE OF MARYLAND

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 1986 Bell October 29. 5:15a Nannie Fox 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS 3 SEX Female White 1896 Sept. 90 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Frederick County. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 5745 Butterfly Lane Frederick Homemaker Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 13e.STREET ADDRESS / ZIP CODE Maryland Frederick Frederick 5745 Butterfly Lane/ 21701 NOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ada Evler Amelia Young Thomas 5745 Butterfly Lane
Mrs. Naomi Marsh, Frederick, Maryland 21701 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 215-26-8609 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 10 Umman DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION THE DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 79s AUTOPSYS 786 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES [TIR ACCIDENT WAS UNDERLYING. 21s. TIME OF INJURY THE HOW INJURY OCCURRED. (INDEPNATURE OF PARIETY OF PARIETY IN FART COMPARED TO HOUR A.M. MONTH DAY YEAR DE CONTRIBUTING THE CAUSE OF DEATH MEDICAL OF ECTIVE A NOTHER MEDIC IN EXAMINER. 214 INJURY OCCURRED 21# PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY 35436 AT HOME STREET, FACTORY, OFFICE, FIMIN, STEET WHILE INC. MINOR 22x & certify that (1) (this hospital) atter

Kaufmann, M.D. Dr. Robert L.

27c DATE SIGNED

MEDICAL

804 Tllhouse Avenue, Frederick, Md. 21701

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

Nov. 1. 1986 Pleasant Hill Cemetery Frederick. Frederick. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

DHMH - 16 60M 7/B4 (VRA 15, 4)

/ 00-2258	,	1 -	FOR STATE REGISTRAR			DEPARTA	NENT OF H	EALTH AND I	MENTAL HYG	50	REG. NO.	9 0	29
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ge 4 m ector s		3. 3E	female		W		2 MONTH		20	66Y		MONTHS DAY	
Secret Po	7	(RTHPLACE (STATE OR FORE COUNTRY)		USA	WHAT COUNTRY?	WIDOWE		VORCED	Fre	Cerica	NTY OF DEATH	MD.
10 1 other	54	Fr	ty or town of DEATH ederick		11. NAME OF HOSPITAL, NURSING HO			OR OTHER INST	TITUTION	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) HOUSEWIfe			
No.	5	13a. S		home or other county rederi		GIVE RESIDENCE BEFORE 134. CITY OR TOW Frederic	N	13d. INSIDE C	CITY LIMITS?	13e.STREET ADI 7930 R		ope dge Rd.	21701
1/2	0/	VE	FIRST	WIDDI		LAST			S MAIDEN NA/ FIRST		NIDDLE		LAST
MORE.	1		VAS DECEASED EVER IN	U.S. ARMED IF YES, GIVE WAR	OR DATEST	166. SOCIAL SECU 220-05-04		17. INFORMA	ANT		ADDRESS		
W. PRESTON ST. BALT at the death certificate by the attending physical ar remove corban popers. Cernation, ar removel.	When troumand event, the		18 CAUSE OF DEATH II PART I. DEATH WAS IM Conditions, if ony, w gove rise to immedicause (a), stafing underlying cause	CAUSED BY: MEDIATE CA hich liate the	USE (a) DUE TO, OI	R AS A CONSEQUE	NCE OF	p	e-160	227	c7+0	APPR BETWEE	OXIMATE INTÉRVAL EN ONSET AND DEATH
RECORDS, 201 law requires the state been signed it form? Then plea	Controllery, ore	CERTIFICATION	PART 2. OTHER SIGNIF N/A 190 DATE OF OPERATIO		196 CONDI	ITION FOR WHICH	DEATH BUT	NOT RELATED		20a AUTOPS	Y? 20b. IF	YES, WERE FINE	DINGS USED SES OF DEATH?
N OF VITAL SICIAN. The ring physicism certificate is united mental.	9	DICAL CERTI	N/A 210. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRED	SE OF DEATH	N/A 21b. TIME O HOUR A. P.:	FINJURY M. MONTH DA M.	YEAR		/A		E OF INJURY IN ITEM	YES	NO
DIVISION OF DING PHYSICIA or other this certifies at the having-in- oth and having-in-	norsed o	MEG	while NOT While AT WORK 220.1 certify that (I) (th		JAT HOME, STR	REET, FACTORY, OFFICE, F		STREET		2to	ity or town	COUNTY	state that we last
At OR ATTEN At Dire hospinol At Directors described for un	41, 0 Sem 21 st		saw the deceased above, (I) (we) did 22b. SIGNATURE	slive on (did nat) view	w the body		C_, 01	DEGREE	(aur) apinian (ATTENDING PHYSICIAN		n the dote and	hour and fram t	-
TO HOSPITAL TO FUNERAL Should be det submid be det submid be det to submid be det submide submid	1	23o F	226. PHYSICIAN'S NAMI	V?	050 DATE			1 -	vest		rates ON	50 1	Eredroid
BP	-		Romoner	8/	10/2	2/2/2	_		25a DAT			ton, COUD'.	
DHMH - 16 60M 7 (VRA 15, 4)	7/84	"S	ineral director am-Butler F	uneral	Ser.	716 Ker Washir			WACT	C. Q. OF REG	A A A	GISTRAK S SIGN	ATURE

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2		1					STAT	E OF MARYLAND				
00	-212	10	1-	FOR STATE REGISTRAR		^		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 6 REG. NO	2 9	U 3	O
	y be	eoth		CEASED NAME OR PRINT)	NELLIE VELLIE	AD	ELLA (GROVE	20 DATE OF DEATH	ct. 7,	15862b	HOUR 30 PM
	age 4 mo	rs ofter o	3 SE	Female	4 RACE Cauc	asian	5. DATE	ept. 10, 1914	6 AGE 72 YEARS LAST BIRTH	MONTH		UNDER 24 HRS
•	Seoth, P.	35	1	RTHPLACE (STATE OR FO	and U.S		WIDOW		9 BALTIMORE CITY OR Frederick	COUNTY OF D	EATH	MD.
102	th other	14	,	ty or town of dea Frederick	Fr	ederick	Memoria	OR OTHER INSTITUTION L Hospital	Ret. Owner	working Life) In	Emplo	yment
BALTIMORE, MARYLAND 2120	1	35	13°M		ISB COUNTY Frederic	k Frede		134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 20 West All	zip code L Saint s	Stree	et/21701
MARYL		101		THER'S NAME Cleveland				Nellie	Adel1		Young	
TIMORE	be exec	/ Jedica		VAS DECEASED EVER I	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATI	rev .	L SECURITY NO. _6-0654	Miss Dolly	ADDRES May Grove	20 W.	ick Md	ints St. 21701
PRESTON ST., BA	deoth certificat	nove carbon pap ation, or remova traumotic event,			which (D, OR ASM COT	gellion	I tent for	lura		APPRÓXIMATI BETWEEN ONSE	T AND DEATH
≥	equires that the	Then please rer to burial, crem injury, or other	NOI	couse (a), stating underlying cause		O, OR AS A CON	man	Emboli NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN	PART Ho	
AL RECO	The low r ion.	in permit.	CERTIFICATION	19a. DATE OF OPERAT	19b. CC	ONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	USED DEATH?
DIVISION OF VITAL RECORDS, 201	HYSICIAN: 1 Iding physic IIs certificate	buriol-transil Mental Hygi or Item 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER NOTIFY MEDICAL CONTRIBUTION CONT	AUSE OF DEATH ALEXAMINER) ED 21e. PLA	AE OF INJURY R A.M. MONT P.M. ACE OF INJURY	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		OUNTY	STATE
DIVIS	DING P. Or otter	ealth and s morked	W	while NOT WHI AT WORK 22a. I certify that (I) (saw the decease	(this haspital) attende	d the pleceosed		2) STREET		96 19	, that	(l) (we) last
	ITAL OR ATTEN by the haspital ERAL DIRECTOR:	e detached for a State Dept. of H ANT: If Item 21 i		saw the decease abave, (I) (we) 10 22b. SIGNATURE 22d. PHYSICIAN'S NA	d) (did not) view the b	andy after death.	, ,	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the dat MEDICAL STAFF DIRECTOR PHYSICI		from the course	NED
	TO HOSPITAL retained by the	should be de with the State IMPORTANT:	72a F		in Pearre				House Ave.	Freder	ick, M	iaryland
	BP		14-5	SPECIFY) Buria		/10/86	Mount (Dlivet Cemeter North Market	y Frederic		lerick	Md*.
	DHMH - 16 (VRA		Ro	pert E. Da	Hey & Son	P.A.	DRESS	ick. Md. OCT		JE REGISTRAR	SIGNATURE	Paristi ".

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH	0	REG. NO.		
0.	I. DECEASED NAME FIRST (TYPE OR PRINT) ALBERT		ICTOR		HALL	2a. DATE OF	DEATH MONTH	DAY YEAR 1986	26 HOUR
	3:5EX	4. RACE		5. DATE (6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
١	MALE	BLACK		10	29 1933	52	YRS	MONTHS DATS	HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1			RE CITY OR COUNT	Y OF DEATH	
2	COUNTRY)	USA		WIDOWI	NEVER MARRIED DIVORCED	FREDE	RICK		MD.
/	30, CITY OR TOWN OF DEATH	11. NAME OF		G HOME (OR OTHER INSTITUTION		OCCUPATION		BUSINESS OR
1	FREDERICK	FREDER	FACILITY, GIVE STREET A	IAL I	HOSPITAL	COOK	FOR MOST OF WORKING LI	EDUCAT	ION
9	The state of the s		GIVE RESIDENCE BEFORE 130 CITY OR TOWN FREDERIC	V	YES X NO	217 C	ADDRESS / ZIP COD ENTER ST.		
1	14. FATHER'S NAME FIRST JAMES	MIDDLE T.	HALL		15. MOTHER'S MAIDEN NAME ADELAIDE	WE	MIDDLE	DIXO	
7	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESSFree	derick.	MD
	NO (IF YES, GIV		217-28-5	889	CONSTANCE E.	HALL	217 Cente	er St.,	
	Canditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause lost	(b)	RAS A CONSEQUE RAS A CONSEQUE DITRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM		E OR CONDITION GI		nenths
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	YON FOR WHICH	OPERATIO	N WAS TERFORMED	200 AUTO	IN CERTI	S, WERE FINDIN FYING CAUSES (ES []	
1	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED FENTER NA	TURE OF INJURY IN ITEM 18	PART OR PART 2)	
	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY OFFICE, FA	ARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hospi sow the deceosed olive on	Scht	25 19 2	La	nd that in (my) (aut opinion of	, to(death accurre	d on the date and ho		hot (I) (we) l ast ouses stated
	THE SIGNATURE THE SI	0.20	ionias Je	- /	ATTENDING PHYSICIAN (2)	MEDICAL DIRECTOR	STAFF PHYSICIAN	10 6	SIGNED 86
			0		129				
i	230. BURIAL, CREMATION, REMOVAL			IAME OF	EMETERY OR CREMATORY	23d LOCA	ATION OR TOWN	COUNTY	STATE
	BURIAL	10/08	3/86 FA	IRVIE	EW CEMETERY			REDERICK	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD 21701

25a. DATE REC'D REGISTRAR 256. REGISTRAR'S SIGNATURE

Mingham

Antonio in section.

Augustin distinction

Home

(VRA 15, 4)

A CONTRACTOR A

by the funeral director, page 3 filed within 72 haurs ofter death

my injury, or other troumotic event,

IMPORTANT: If them 21 is morked or them 18

moy be

within 24 hours ofter

requires that the death

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST		MIDDLE	- 1	AST	2a DATE OF DEATH		DAY YEAR	2b. HOUR
YPE	G OR PRINT)	eorge !	Mohler H	HARWOO	D	Septem	ber	19,1986	6:30P M
SE	Х	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY	MONTHS DATS	IF UNDER 24 HRS
	Ma1e	White	е	Jan.	26,1902 YEAR	84	YRS		
	IRTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76. CITIZEN OF	WHAT COUNTRY?	% 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Frederic	_		MD
C	raddock Heights	CIE NOT IN SUC	HOSPITAL, NURSII CHFACILITY, GIVE STREET Jeffersor		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Painter)			OF BUSINESS OR
1. 3	AL RESIDENCE (IF MURSING HOME OR STATE 13b COUN Fred		Braddoc	RE ADMISSION) NN Hts.	120	13e.STREET ADDRESS / 0706 Jef.	ZIP CC	on Blvd.	, 21714
F	ATHER'S NAME Clinton	B.	Harwood		15. MOTHER'S MAIDEN NAM	MIDDLE		Moore	
1		MED FORCES? YE WAR OR DATES) NC	214-16-0		6706 Jeffers				21714 hts, Md
		DUE TO, O	OR AS A CONSEOL		w silli	1_ her	y a		
		DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	OR AS A CONSEQUENCE ON TRIBUTING TO	DENCE OF DENCE OF					
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	OR AS A CONSEQUENCE ON TRIBUTING TO	DENCE OF DENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE 200 AUTOPSY? YES NO X	20b. IF	GIVEN IN PART 11 YES, WERE FINDII RTIFYING CAUSES YES	NGS USED
	Conditions, if ony, which gove rise to immediate couse 101, stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT (198 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	DUE TO, O DUE TO, O (b) DUE TO, O (c) 19b CONDITIONS C 19b COND ATH HOUR A	OR AS A CONSEQUENT ON TRIBUTING TO	DENCE OF DEATH BUT H OPERATIO		20a AUTOPSY?	20b. IF IN CER	YES, WERE FINDI RTIFYING CAUSES YES [NGS USED S OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or re-

cr. Hemrey J. Losey Parkview Sedical Center rederice, not. 21%

arial 0-22-0 Noure divet concern Teacries, recerist, d. fait, easey asiate materal one 200 ast teacries.

00-21689	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	9 0 3 4
	1. DECEASED NAME PROPERTY 1. DECEASED NAME PROP	9/865 16 2:80 AM
Page 4 may be director, page 3 hours after death		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Po	**BIRTHPLACE (STATE OR FOREIGN U.S.A. ** MARRIEM NEVER MARRIED FREDERICK WIDOWED DIVORCED ** PREDERICK**	MD.
d the	FREDERICK 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FREDERICK FREDERICK 120 USUAL OCCUPATION FOR LEMAN MOST OF WORKE	NG LIFE) COMBANT CO.
AND 2112	HOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) WONTON'R TON'T BREDGE 19. SWEET BREADWAYCE YES NO	CODE 21791
BALTIMORE, MARYLAND 2120 cote be executed with spers. Pages 1 and 2 vol. 1, the medical exeminating fee in 1, the medical exeminating fee in 1, the medical exemination is a second and a s	VICTOR WEST MIDDLE LAST ROSALIE CONN MIDDLE	LAST
IMORE, M.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT OLIVÍA HAY 9 W.	BROADWAY
v ST., BALTI certificate bi ing physicior bonpapers. r remaval. ic event, the	18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). CENSOL TO PER STORY TO PER STO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S the death cer the ottending remove carbo emotion, ar re er traumatic er	Conditions, if any, which (b) CUNLY MY Arty Disciple	
W. W. Bat the series crem	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
20 es	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
TAL RECORDS, TAL RECORDS, Icion. Ite has been significan. Then Giene prior to b shows ony injury	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IN CI	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Phys phys phys of Hy of Hy		M 18 PART I OR PART 2)
2 55 55	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
TTENDI or or to the or to the or to the or to the of the of the of the of the or to th	22a.1 certify that (I) (this hospital) attended the deceased from 13, 19 1, to 5 sow the deceased alive on 10 19 19 19 19 19 19 19 19 19 19 19 19 19	hour and from the couses stated
ha h	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL C retoined by the TO FUNERAL D should be detoc with the State D	224 PHYSICIAN'S NAME (TYPE OR PRINT) Tettree H LOWCY INN 4 W 711 (T) F-0	Merica.
PP Pro β P		DGE COU GARROLL STAMD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR DRAMD. HARTZLER UNTON BRIDGE, MD 250. DATE REC'D. BY REGISTRAN 256. RE OCT 2 2 1986	GISTRAR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH FIRST TYPE OR PRINTS WERNER 10 tearge. 3 SEX A AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR White Male Feb. 13, 1899 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED New York U.S.A. Frederick County. DIVORCED | WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Frederick Memorial Hospital Frederick Supervisor Government DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 313 West College Terrace, 21701 Maryland Trederick Frederick 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Emma Emi] Adamson Victoria Hedstrom Charles 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 313 West College Terra (YES NO OR UNKNOWN) GIVE WAR OR DATEST George Edwin Hedstrom, Frederick, Md. 217 050-20-1956 None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (ONIO), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Lt. L. los A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS ACONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should b Dr. Robert S. Hughes, M.D. 700 Montclair Ave., Frederick, Md. 21701 23g BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Birrial 1986 Pinelawn Cemetery Finelawn, Nassau, New York Smith, Keeney and Basford Funeral Home DHMH - 16 60M 7/84 (VRA 15, 4) 106 East Church Street, Frederick, Md.

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DHMH - 16 60M 7 (VRA 15, 4)

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	CEASED NAME FIRST		MIDDLE	LAST	7 15 7	20 DATE OF DEATH	MONTH DAY		26 HOUR
(TYPE	e ORPRINT) Har	ry	T. J.	AMES,	JR.	October	4, 19	36	1:00a. M
3. SE	X	4 RACE	5. DA	TE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	
1	Male	Whit	e Ma	rch 2	9, 1893	93	YRS	VIHS DAYS	HOURS MIN.
7a B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	PRIED IX N	EVER MARRIED	9 BALTIMORE CITY	R COUNTY O		
Service and Parket	aryland	U.S.	A. WIDO	OWED	DIVORCED [Freder	ick C	ounty	T MD
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5U. 13 ₀ S	at residence is nursing how state aryland Fr	ederick	GIVE RESIDENCE BEFORE ADMISS LIC CITY OR TOWN FREQUETICK		NO [197 Upper	ZIP CODE COIL	ege I	21701 Terrace
1√F/	ATHER'S NAME	WIDDLE	LAST	15. MO	THER'S MAIDEN NAM	ME MIDDLE			c 1
V	Harry	C.	James		Ella			Fra	ley
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1	224 PHYSICIAN'S NAME (1				DDRESS				
	Dr. George	I. Smit	th, Jr. MD	80	4 Toll R	louse Ave.	Fred	. Md.	. 21701
	BURIAL, CREMATION, RIVE SPECIEY) Burial	2 poto7	1986 Mt.O	livet	Y OR CREMATORY	23d LOCATION CITY OR TOWN	lek Fr	ounty eder:	ick Md.
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STATE OF MARYLAND

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DHMH - 16 60M 7/B4 (VRA 15, 4) 24. FUNERAL DIRECTOR

Capitol Funeral Service, Falls Church, VA

250. DATE REC'D. BY REGISTRAIN HEGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 00-20430 REG. NO DECEASED NAME 20. DATE OF DEA 26 HOUR (TYPE OR PRINT) Robert 4 RACE SEX 5 DATE OF BIRTH A AGE LINVENI IF UNDER LYFAR IF UNDER 24 HRS MONTH YEAR Male White TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Marvland WIDOWED DIVORCED | Frederick IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR INCOMINETY CEPT. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE Frederick Frederick Memorial Hospital transportation inspector JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 113c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Maryland 4312 Lynn Burke Rd./21770 NO X Frederick Monrovia 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME CHOCT MIDDLE FIRST Perry Nichols Keefer Bess 5693 Ridge Rd. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Yes 577-26-7900 Robert L. Keefer Mt Airy MD 21771 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause persons for any (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (II DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 1 FR SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS LISED 19a, DATE OPERATION 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR LOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an _, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated DEGREE 22c. DA/ES ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the IMPORT, 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE COUNTY STATE 0/9/86 Buria1 Peter's Cemetery Libertytown Frederick 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ADDRESS (VRA 15, 4) D. D. Hartzler Libertytown, MD

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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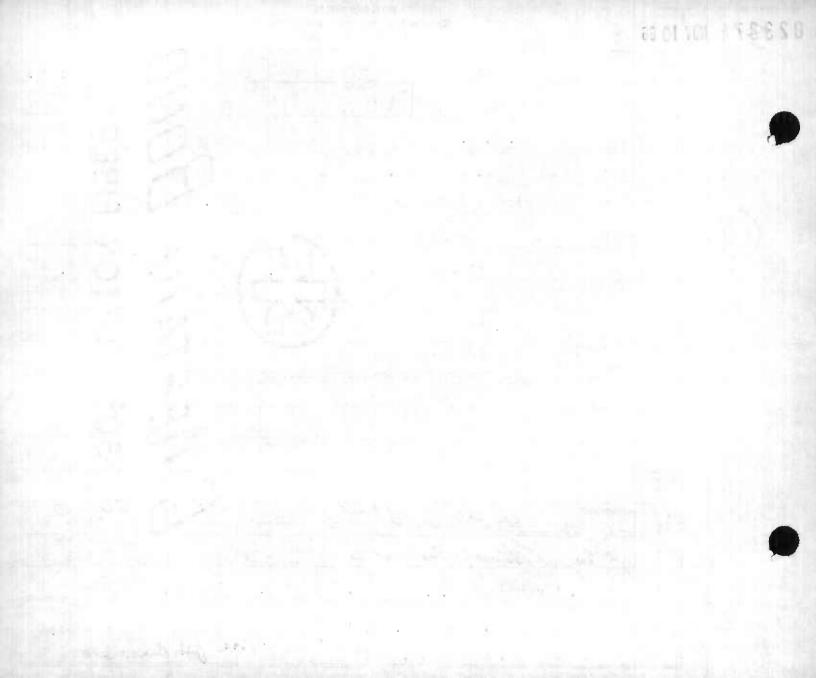
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	IRTHPLACE (STATE OF	FOREIGN 76 C	CITIZEN OF WHAT	COUNTRY	/? 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COU	INTY OF DEATH	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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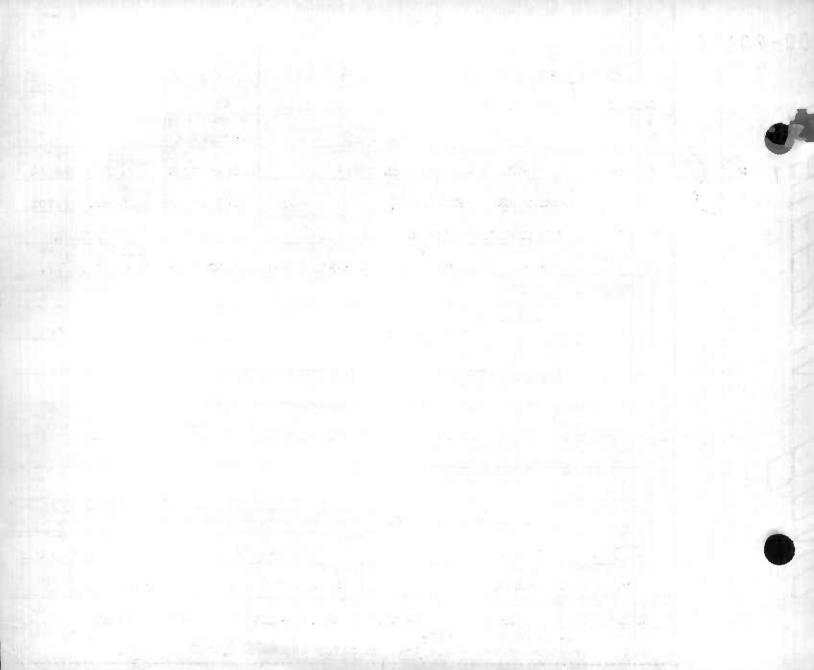
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached far use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.



3			STATE OF MARYLAND
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	thr. page 3	3 SEX	X FORALY ARACE S. DATE OF BIRTH S. AGE (IN YEAR LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR OF THE WORLD MIN.
-	irth. Poge	70. B	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	ofter dec	10 CI	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION 1179 FLOF WORK FOR MOST OF WORKING LIFE! INDUISTRY
21201	durs of	უვეს 13a, S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE 21761 MD
BALTIMORE, MARYLAND 21201	3	14. FA	MARY LAND FREDERICK VAT PLEASANT YES NO DE 1022 4 OLD LIBERTY RD FREDERICK ATHERS NAME 15 MOTHER'S MAIDEN NAME
E, MAR	3 0 7	116a V	MACELT WYRWAS JULIANNA MIDDLE (UNKNOWN) NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT MYPORPAEASANT, IND.
TIMOR	icion of ici	()	YES, NO OR UNKNOWN) I FYES, GIVE WAR OR DATES) 477-36-7675 JOSEPH ROSKOWINSKIJIAZZY OLD LIBERTY RD
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	DHMH - 16 60M 7/84 (VRA 15, 4)	1	90 Hartzler Liberty town, Md OCT 07 1000

1621 Opossumtown Pike, Frederick, MD 21701

(VRA 15, 4)



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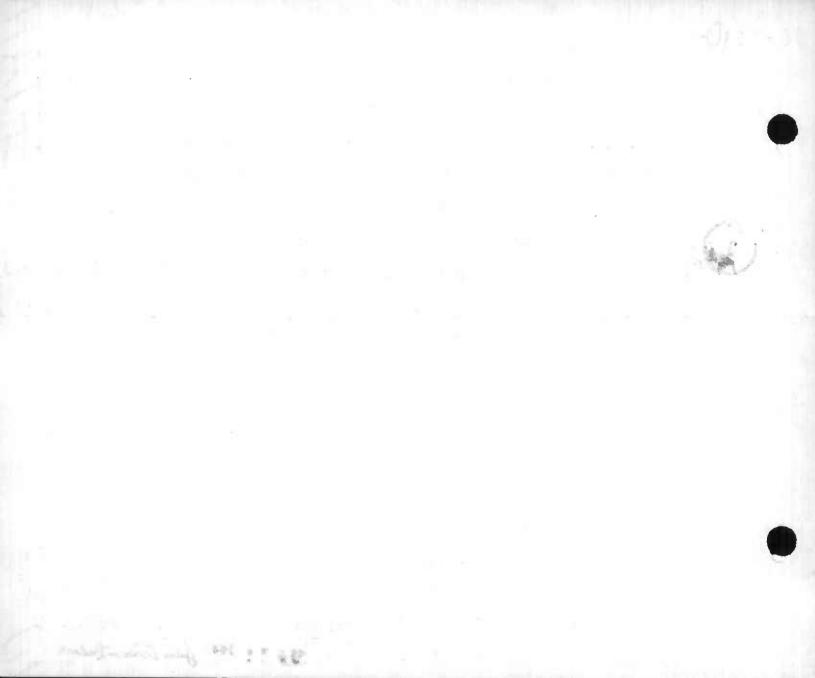
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00-2220		REGISTRAR		CERT	FICATE OF DEATH	REG. NO). (2, 7, 0, -3, 0,
00-2236	1. DE			MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 25 HOUR
be oge 3 deoth		CL	LARENCE	M	ENKIMAN	0	CT 19 19862:30AM
mo).	3. SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Male	Whi		8 20 10	25 76	YRS.
n. Poge	₹0. B	IRTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNTRY? 8.	IED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
leoth in 7		Maryland	U.:	S. WIDO	VED DIVORCED	Frederick	
he fu	10.0	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS]	OR OTHER INSTITUTION	120 USUAL OCCUPATION	
io soft	94	Frederick	Frede	rick Mem. Hos	р.	Brakeman	Railroad
hours of in by I be file			HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE
MARYLAND thin 24 thin should the should examiner mas	5	Md. F	Frederick	Brunswick	YES NO	60 E. D.	
RYL nine	14. F	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN N	AME	LAST
WA WA	0	George		riman	Annie		Bowers
o edicol		WAS DECEASED EVER IN L	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	17. INFORMANT	ADDRE	SS Box #15
BALTIMORE, cate be execute be executed by sicion of opers. Port you!.		No	TES, ONE WAN ON DATEST	216-10-5394	Ms. Beverl	y M. Roderic	k New Windsor, Md.
, BALT ificate k spopers novol.		18. CAUSE OF DEATH	nter only one couse per	line for (o), (b), and (c).)	3		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy on poor			CAUSED BY: MEDIATE CAUSE (o)	CARCINO	MA LUNG	>	6 months
or bo			DUE TO O	R AS A CONSEQUENCE OF			
RESTOR deoth ottend nove co otion, o		Conditions, if ony, wh	hich ((b)				
W. PRESTON ST., or the death certification by the ottending phy the cremotion, or removed corbonic cremotion, or removed the troumotic even		gove rise to immedicouse (a), stating		R AS A CONSEQUENCE OF			
thot thot d by eose ol, cr		underlying couse 1	lost.				
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physicion. for this certificote has been signed be so the buriol-transit permit. Then plea th and Mental Hygiene prior to buriol, or ded or hem 18 shows ony injury, or or the or hem.		PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
RDS equ equ rrto inju	CERTIFICATION						
ow row row row row row row row	9 3	190 DATE OF OPERATION	196. CONDI	ITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRI cion. te hos sit per giene shows						YES NO	YES NO
NOF VITA SICIAN: Ting physicia certificate rirol-tronsis entol Hygis frem 18 sh	⋽ 8	210. ACCIDENT WAS UNDERLY		FINJURY M. MONTH DAY YEA	21c. HOW INJURY OCCU	PRRED (ENTER NATURE OF INJUR	Y IN ITEM IB. PART 1 OR PART 2)
SICIA Be ph certification of the side of t	MEDICAL	(IF EITHER, NOTIFY MEDICAL E	SE OF DEATH				
SHYS andro this of Made	NEO!	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
offer the hon	2	WHILE NOT WHILE					
NDIP NDIP NSE A USE A		220.1 certify that (1) (thi	is hospital) attended the	e deceased from			19 86 , that (1) we) lost
CTO CTO of h		sow the deceased of obove (() (we) (did)	(did not) view the body	ofter deoth.		n deoth occurred on the do	ate and hour and from the causes stated
OR A DIRE Inched		22b. SIGNATURE		1	DEGREE	MEDICAL STAF	220 DATE SIGNED 10-19-86
		Teor	run C	culcuno	MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN []
SPIII od by JNER JNER JNE St		22d. PHYSICIAN'S NAME			22e ADDRESS		44)
TO HOSPITAL retoined by the TO FUNERAL should be determined by the Stote limital by the Stote		K	INLAND		610 1011	TAVE, SRU	invswice MD
of of share with the share of t	230	BURIAL, CREMATION, REA	MOVAL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Removal	1 10-1	9-86			
DHMH - 16 60M 7/84	24 1	UNERAL DIRECTOR		ADDRESS	25g D	ATE REC'D, BY REGISTRAR	25h REGISTRAR'S SIGNATURE
(VRA 15, 4)			tomy Board		o. Md.	01211300	Julia Devidson-Rondollo

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTI MARY 86 Ellen ORRISON 5 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR 02 000 Female Negro BALTIMORE CITY OR COUNTY OF DEATH Ta BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY Frederick County. USA Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Meridan Nursing Center Frederick Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3634 Ausherman Road Maryland Frederick Knoxville YES [NO F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Lewis Morrison Ada Carrie Brooks Edward 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Ausherman Rd. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Maude Morrison - Knoxville, Md. 21058 212-38-9901 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I, DEATH WAS CAUSED BY: Paul IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [] YES 🖂 YES [] 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK August 22a. I certify that (1) (this hospital) attended the deceased from. Oct saw the deceased alive on OCT Tabave () (we) (did) (did nat piew the body ofter deoth. and that in (my/(our) opinion death occurred on the date and have and from the causes stated 10-8-86 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be detained the State [224 PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS Bryiswick, mp 23a, 8URIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIEY) 10/8/86 Frederick. Burial Fairview Cemetery Frederick 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 John T. Williams Funeral Home Brunswick, Ma (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) October UIC HOLAS IF UNDER I YEAR IF LINDER 24 HR 3 SEX 4. RACE June 29°1905° 81 White Male **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wash., D.C. Frederick County, WIDOWED DIVORCED [TIV NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH INDUSTRY Northampton Manor Nursing U.S. FOR MOST OF WORKING LIFE Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13d. INSIDE CITY LIMITS? Lane 22039 Station irginia YES A 15. MOTHER'S MAIDEN NAME MIDDLE Anna Vita Panella Bernard 166 SOCIAL SECURITY NO MER Bernard J. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Virginia Lane, Fairfax, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: Carer IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [DIVISION OF VITAL 710, ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 20 270.1 certify that (1) (this beautial) attended the deceased from sow the deceased alive on 5 Octo GEL and that in (my) (and opinion death occurred on the date and hour and from the causes stated above, (L(we) (did) (did not) view the body after death. DEGREE 22c DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 274 PHYSICIAN'S NAME (PE OR PRINT 804 Toll House Ave., Fred. Md. 21701 I. Smith, Dr. George 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 1986 Resthaven Mem. Gardens Frederick Brederick DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME Also Known as IDDLE Philps 20. DATE OF DEATH MONTH Tda C. ARLOTTE 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR White Female 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Frederick County, WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Frederick Memorial Communications Frederick Hospital 206 Moke Place, 21701 Frederick Frederick Maryland YES IX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ida Wickboldt Rohloff Christian "Mr. Robert H. Philips, 206 Hoke Place, Frederick, Maryland 21701 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES) 92-22-0769 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: extrusive IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19g DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave (b) (we) (did) (do not) view the bady after death and that (aur) apinian death occurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING, MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 7th St., Frederick, Md. 21701 Dr. P. G. Rausch M.D. West 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVA Cremation 1986 Smithsburg Crematory Smithsburg, Wash. Md. No. Funer Homes Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

St. Fred.

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-22-48 - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) mory January 7, 1899 Male White 87 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED Maryland US.A. Frederick County, WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS FNOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Hospotal TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Farmer Agriculture USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Frederick 5 Fairview Avenue/ 21701 Maryland Frederick YES TX NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Viola Emory Remsberg Thomas P.O. Box 71 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 21717 219-36-2862 Mr. Emory E. Remsberg, Jr., Buckeystown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY PHN CREAS CANCER OF IMMEDIATE CAUSE (0) W. PRESTOR DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO V 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STATE COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (t) (this hospital) attended the deceased from sow the deceosed olive on a obove, (N (we) (did) (did not) view the body offer death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF MUAN MID. PHYSICIAN K DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Lomes Johnson de Frederick, NO. 21701 Arthur/G. Manalo, M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Frederick. Oct. 27,1986 Mount Olivet Cemetery Burial 24 FUNERAL DIRECTOR 14 Home NAME Smith, Keeney & Basford Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR DHMH - 16 60M 7/84 (VRA 15, 4) 106 East Church Street, Frederick, Md. 21701

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A. F. Marall J. Confidence

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN TYPE OR PRINTS E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS DEATH MATED XX Michael 10 - 2Rhoe 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR 4:00 YEAR LAST BIRTHCIAYL RONOUNCED ,86 July 2, 1959 DEAD White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS W. Va. USA WIDOWED [DIVORCED Frederick County, IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY AGES 1, 2, AND 3 TO TI RM PM 3. RETAIN PA 1 AND 2 SHOULD BE FI 1 OF VITAL REGORDS (2) Hamburg Road Student College Frederick 1136 COUNTY 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 502 Tritapoe Drive / 21758 Maryland Frederick Knoxville 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE W. PRESTON ST., BALTIMORE, Wottawa Helga Rhoe NMN 17. INFORMANT ADDRESS 502 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Tritapoe Dr. (YES, NO, OR UNKNOWN) 216-80-9448 James W. Rhoe - Knoxville, Md. 21758 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun Wound of Chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E OF HEALTH DEPARTMENT OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 216 TIME OF INJURY (EST. 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR subject shot himself CONTRIBUTING CAUSE OF DEATH P.M. 10 - 221e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE NOT WHILE AT WORK Hamburg Road, Frederick Co., Maryland road Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Suicide XX death resulted from Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 10 - 3 - 86SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St., BAlto., Md. 21201 4054 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Marys Cemetery Burial Petersville, Frederick, Md. 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** John E. Williams Funeral Home Brunswick, Md. OC (VR A15 ME (5))

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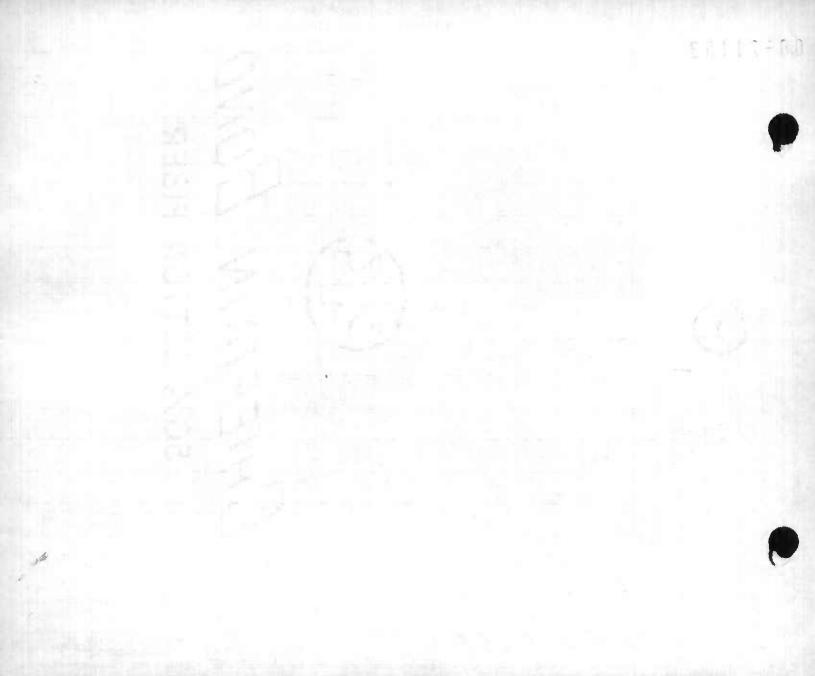
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

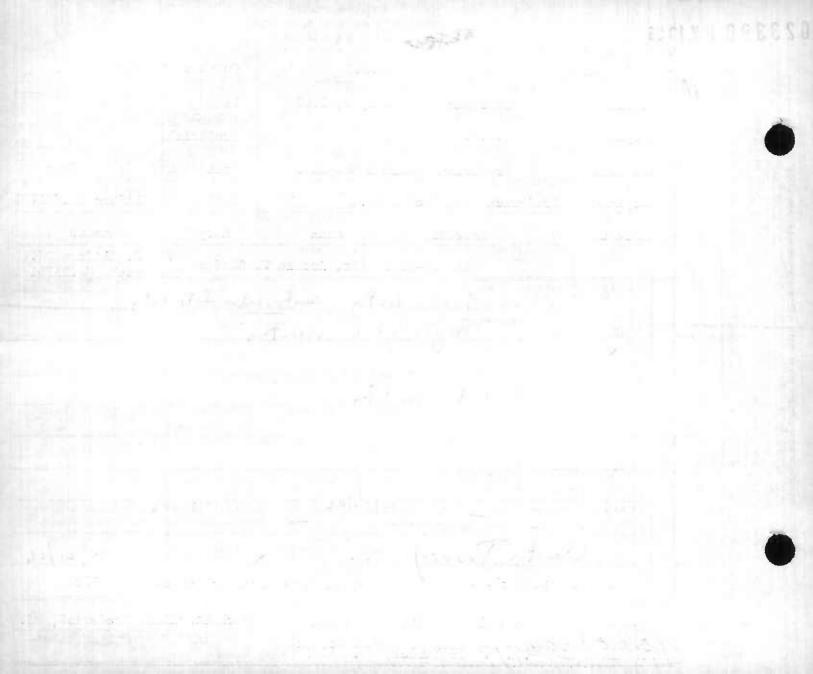
8	REG.	NO.	2	9	J	5	6.
TE OF	DEATH	MONTH	DAY	YEAR	\neg	2h HOLIR	

3		REGISTRAR			CENTIL	ICAIL OI DEAT		REG. N	10.	6.30			
)		CEASED NAME FIRST	N	IDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
	TITPE	GLENN	CLEV	ELAND	SC	CHILDT		OCTOBER	9,	1986	5:00 a м		
	3. SE)	Х	4 RACE		5 DATE C			6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATE	IF UNDER 24 HRS		
		MALE	WHITE		DECEN		09	76	YRS		MIN.		
1000		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	(? 8.	D NEVER MARRI	ED 🗆	BALTIMORE CITY	OR COUN	TY OF DEATH			
)		MARYLAND	U.S	.A.	WIDOWE	DIVORCE		FREDERICK	COUN	TY	MD		
)		THURMONT	(IF NOT IN SUCH	OSPITAL, NURS I FACILITY, GIVE STRE DSIDE AV	ET ADDRESS)	R OTHER INSTITUTION		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST MAINTENANC	OF WORKING	LIFE) INDUSTRY	IRED		
7	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COU ARYLAND FRE		GIVE RESIDENCE BEFO 13t CITY OR TO THURMON	WN	13d. INSIDE CITY LIA YEXXX NO [13e.STREET ADDRESS 109 WOODSI	ZIP CO DE AV	DE 7E./21788	3		
2	14 FA	ATHER'S NAME PENROSE (N	MI)	SCHILD:	Γ	15. MOTHER'S MAID MARY		MAUD			EBY		
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] NO NO	IVE WAR OR DATES)	213-10		JEAN KNOT		68 NICHOLS STMINSTER.			157		
-	2	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQ	UENCE OF	NOT RELATED TO TH	HE TERMI	NAL DISEASE OR COM	VDITION G	GIVEN IN PART 1	0		
7	CERTIFICATION	19a DATE OF OPERATION		ion for which operation was performed				20a AUTOPSY? YES NO	20b. IF Y	res, were findi	WERE FINDINGS USED VING CAUSES OF DEATH?		
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINED CAUSE OF DETERMINED CAUSE OF DETERMINED CAUSE OF DETERMINED CAUSE OF THE CAUSE OF T	R) HOUR A./	a. MONTH	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJ		B PART I OR PART 21 COUNTY	STATE			
		27a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did in 27b. SIGNATURE	n/	ond that in (my) (aur) opinion death (liter death. DEGREE ATTENDING. MEI			MEDICAL STA	AFF	our and from the	that (I) (we) lost couses stated			
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT) RT	TEUEN	and	22e ADDRESS	1	R ST., THUR		MD. 21	788		
		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	236 DATE 10/13	Shrinker	LADY O	EMETERY OR CREMA	ATORY IEL	23d LOCATION CITY OF TOWN THURMON	T F	REDERIC	STATE MD.		
1		BERT E. DAILEY	& SON, P.	A. THUR	615 E MONT, 1	MAIN ST 4D. 21788	A 0.00	1 6 1986	R 35b. REG	ISTRAR'S SIGNA	TURE		

DHMH - 16 60M 7/84 (VRA 15, 4)



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ee sh	1. DE	CEASED NAME FIRST EMMA	JANI		FER	October 29	9, 1986 2b. HOUR 5:40pA
4 moy	3. SE	x Female	4. RACE Caucas:	5. DATE C	9, 1907 YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
A Page	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRYS 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	- 6	ity or town of death	U.S.A.	WIDOWE	OR OTHER INSTITUTION	12a USUAL OCCUPATION	MD 126 KIND OF BUSINESS OR
1007	American	Frederick AL RESIDENCE (IF NURSING HOME		ick Memorial	Hospital	Homemaker	RKING LIFE) INDUSTRY None
	110.	STATE 136 CO	ederick B:	city or town raddock Hgts	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIF 6722 South	Clifton Rd./21701
Ond 2 st	1/	ATHER'S NAME Clarence	MIDDLE Ram:	sburg	Anna Anna	Mary	Simmons
Poget Poget		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, () NO	COVE WAS OR DATES	20-30-8969	Mr. Archie	T. Shafer Fre	2 S. Clifton Rd. derick, Md.21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nen signed by r n. Then please or to burial, cra ty injury, or other	TION		T CONDITIONS CONT	For Millit	4	RMINAL DISEASE OR CONDITION	
hos by	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
o physic entiticat inclinam main fryg		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
the bound white bound whe bound whe bound when bound we bound when	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	NJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR. At for use a of Health		21st I certify that (i) (this has saw the deceased alive a above, (i) (we) (did) (did	an .	19 01	nd that in (my) (eve) opinion	n death occurred on the date of	ind haur and from the causes stated
AL DIRECTAL		22b. SIGNATURE	t.iP.		D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
orde by the State of the State		A. Austin Pe		/	72e ADDRESS Toll House	Ave. Frederick	, Md. 21701
5 243 3 7 3P	234.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 11-1-198		emetery or crematory	Burkettsvill	e, Frederick, Md.
HMH - 16 60M 7/84 (VRA 15, 4)	TR.	E.DAILEY SON	leuts	2010 N. Marke Frederick, Me	25a D	ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG NO 2n DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HQUR 30 (TYPE OR PRINT) r death SHEWBRIDGE 86 ANNA ELAMOR 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HRS DAYS HOURS MONTH Female White Feb. 1901 9. BALTIMORE CITY OR COUNTY OF DEATH G. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Frederick County MD

UAL OCCUPATION 126 KIND OF BUSINESS OR W. Va. WIDOWEDT 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OF TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick Memorial Hospital Clerk Drug Store Frederick USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Frederick Brunswick 207 N. Maple Ave./21716 Maryland YES NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE McCormick Eliza Catherine Hutson Levi Edward 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATES 212-24-5583 Joseph E. Shewbridge - Knoxville. Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: PANCREATIC CARCINOMA IMMEDIATE CAUSE (D DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X 2 10 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TI CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION ā COUNTY STATE STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram To and that if (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased of the on obove (1) we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIANIS NAME (TYPE OF PRINT) 22e ADDRESS SRUNSWICK 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 235. DATE (SPECIFY) Harper Ferry, Jeff., 10/31/86 Harper Cemetery Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 John T. Williams Funeral Home Brunswick, Md NOV-OC (VRA 15, 4)

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STATE OF MADYLAND FOR STATE

DEPA

RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8	REG. N	10.	9	0	j	ර්
LAST	2a. DATE O	FDEATH	HTMOM	DAY	YEAR	2b HO	UR
iller Sigler	Oct.	2.6	. 198	6		5:0	0

1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 2b HOUR
Alice Virginia Miller Sigler Oct. 26, 1986	5:00 P
MONTHS MAN MEAN	ER TYEAR IF UNDER 24 HRS
Female White Aug. 24, 1885 101 YRS	
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DI	EATH
Md. U.S.A. WIDOWED DNORCED ☐ Frederick Co.	MD.
10. CITY OR TOWN OF DEATH (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IYPE OF WORK FOR MOST OF WORKING LIFE) INC. Middletown 7709 Picnic Woods Rd. 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INC. 10. CITY OR TOWN OF DEATH (II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INC. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INC. 12b USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF	KIND OF BUSINESS OR DUSTRY NOME
UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Fred. Middletown YES NOT 7709 Picnic Wood	ds rd 2176
Fred. Middletown YES NOX 7709 Picnic Wood	15 14.2170.
Frederick Clayton Miller Julia Delana Middler Sheffer	1.451
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
No 216-48-6911 Robert Sigler Middletown	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest	mins
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if ony, which ((b) Advanced Coronary Artery Desease	yra
gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	9
underlying couse last. (Advanced Atherps leroses.	yra
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART Ita
advanced age, malnutrition,	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WER IN CERTIFYING YES NOTE YES.	RE FINDINGS USED CAUSES OF DEATH? NO [
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOW	R PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
216 INJURY OCCURRED 216 PLACE OF INJURY 21f LOCATION	DUNTY STATE
MILE NOT WHILE AT WORK AT WORK	
	that (1) (we) last
saw the deceased alive an 2 - 8 - 19 86 , and that in (my) (our) opinion death accurred an the date and haur and to above, (I) (we) (did) (did not) view the body after death.	from the couses stated
above, (i) (we) (aid (did nat) view the bady after death.	2c. DATE SIGNED
275. SIGNATURE WILLOW MP DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	10-28-86
PHYSICIAN DIRECTOR PHYSICIAN TO THE (TYPE OF PRINT) 272d, PHYSICIAN'S NAME (TYPE OF PRINT) 272d ADDRESS	1
CR Wierer MD Box 173, Myersull	emd 21773
236 BURIAL CREMATION REMOVAL 1235 DATE 1237 NAME OF CEMETERY OF CREMATORY 1236 LOCATION	
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY Burial Oct. 29, 1986st. Paul's Luth Jefferson Fred	
74 FUNERAL DIRECTOR TO A FUNERAL DIRECTOR TO A FUNERAL DIRECTOR OF THE PARTY OF THE	Shur .
	don Rondoce

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BP. DHMH - 16 60M (VRA 15, 4)

		- 1	500		STATE OF MARYLAND		
n			FOR STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	GIENE 8 D	29059
0 2	2577		. DECEASED NAME FIRST	GEORGE MIDDLE ALB	ERT ASSILBERNAGLE	20 DATE OF DEATH MO	INTH DAY YEAR 25 HOUR
0-7	2577		(TYPE OR PRINT) GEORG	:e A.	SILBERNAGEL	OCTOBER "	22, 1986 2:401 M
	1 65	1	SEX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHD	IF UNDER I YEAR IF UNDER 24 HRS
-	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-	Male	White	Jan. 19, 1896	90	YRS.
	meral da	35	70. BIRTHPLACE I STATE OR FOREIGN COUNTRY! Maryland	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED X	Frederick	
121	to the to	10	Frederick	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) irement Center	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WI Manager	
LAND 212	or 24 four	B		DUNTY 13c. CITY OF	BEFORE ADMISSION) 170WN 13d. INSIDE THY LIMITS? YES NO 15 MOTHER'S MAIDEN N.		yside Road 21218
MARY		30	FIRST		bernagle Maria	MIDDLE	Heil
ORE	AYOUR	11		GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT	ADDRESS	
TIM	My 9	1	Yes	WI 212-0	1-4483 F.L.Silbern	agle Jr. 309 I	Fleming Ave. 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
101 W, PRESTON 5	o that the death car ad by the attending please remove carbo (of, premotion, or re	ar other traumatic e	Conditions, if any, which gave rise to immediate couse (o.), stating the underlying cause last	DUE TO, OR AS A CONDUE TO, OR AS A CONDUE TO, OR AS A CONDUCTOR	LITEINER DESEASE SEQUENCE OF		
RDS. 3	Then I	Contu		NT CONDITIONS <u>CONTRIBUTING</u>	G TO DEATH BUT NOT RELATED TO THE TER	minal disease or condit	ION GIVEN IN PART To
AL RECO	he lo- ion. hos bee it permit.	ows only	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 21	OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
TIV 401	a physic anticate introns	9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	H DAY YEAR	RRED (ENTER MATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
IVISION	affending the burner was the burner	0/	THE EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY C	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	ATTENDIS copital or ECTOR A rid for use or of Neolli	1 2 1 2 11		on OCTORE 3	0.0	, 10	and hour and from the couses stated
-	by the beat Difference density	-	224 PHYSICIAN'S NAME (IN	g. 1. Court	1	MEDICAL STAFF DIRECTOR PHYSICIAN	A
	SP SEE	5/	George	I. Smith		rick St. Fred	erick Maryland 2170
	51 511	3	230 BURIAL, CREMATION, REMOV		23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP		Burial	10-25-86	Weodlawn	Woodlawn B	altimore Maryland
	DHMH - 16 60M		24 FUNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
	(VRA 15 4)		Mitchell-Wiedefe	eld Home 6500 Y	ork Road 21212	CI 2 8 1980]	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		4	SICIO
JF V		AN	phy
NO		YSIC	guile
/ISEC		Hd	tten
D		ALOR ATTENDING PHYSICIAN The low requires that the death certificate be executed with 24 billion after that. Page	the haspital or attending physician.
		EN	10
-		ATI	ospi
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		AL	400

NOV -	710-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	2	9 0	5 4
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY		2b. HOUR
•			atilda Snyde			19 31		9:45an
200	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		INDER I YEAR	HOURS MIN.
12	1	Female	White	04 13 1895	91	YRS	68	
21	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	_		
10		Maryland	U.S.A.	WIDOWED DIVORCED	Frederi		,	MD.
111	1	TY OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12g USUAL OCCUPAT		126 KIND OF	BUSINESS OR
77	100	rederick /	Frederick Men	morial Hospital	Homemak			
39	13a. 3 Ma	aryland Ho	or other institution give residence before the property of the	NN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS 802 Long		r Rd.	21771
12	ME FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME		LAST	
:20		Charles	Schneid				lein	
000		VAS DECEASED EVER IN U.S. A			ADDRI			
E		YES NO OR UNKNOWN) (IF YES, G	220-48-	1254 Fannie M.	Anderson	, Same		
tic event, t		PART I. DEATH WAS CAUS	ATE CAUSE (0) Can a	lus Anest.		lite		MATE INTERVAL INSET AND DEATH
oumo		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	Hit Falue			5	yes
r other tr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	JENCE OF				
injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART I+o	
9	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	28 AUTORSY?	IN CERTIFYIN YES [IG CAUSES	G5 USED OF DEATH)
9		THE ACCIDITAT WAS UNDERLYING ON CONTRIBUTING CALCULATION OF DEPARTMENT OF DEPARTMENT OF PERSONS ASSESSED.	TATH HOUR A.M. MONTH	21c HOW INJURY OCCUR	RED. LEAVES HATORE DE PRIN	EL THI ITEM 18. FAET	DEFARED	Little
	MEDICAL	214. INJURY OCCURRED	ZIE PLACE OF INJURY	711 LOCATION	up-to-va	Car .	references.	
	W	al work D Hot must D	(AT HOME SHEET FACTORY OFFICE	FARM, ETC.) STREET	City On 10	Men.	COUNTY	53AH
		22s I certify that III (this hospital saw the describe office of	orall appoint the deceased from	198 (19	death occurred on the di	1/86	nd from the c	her we lost
If Ben 2		obove, (We did) did :	L PP	DESPREE ATTENDING!	MEDICAL STA	ff.	77c DATÉ S	IONED A
21	0	22d PHYSICIAN'S NAME ITHE	ex. Ush	PHYSICIAN ANDRESS	DIRECTOR PHYSIC	IAN []	10%	1186
	3	THE CHASICIAN'S MANE THE	/	THE ADDRESS /				

73r. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Charles W.Burrier, Jr., Sykesville, Md.

11-3-1986

23b DATE

23s BURIAL CREMATION, REMOVAL

Burial

Locust Grove

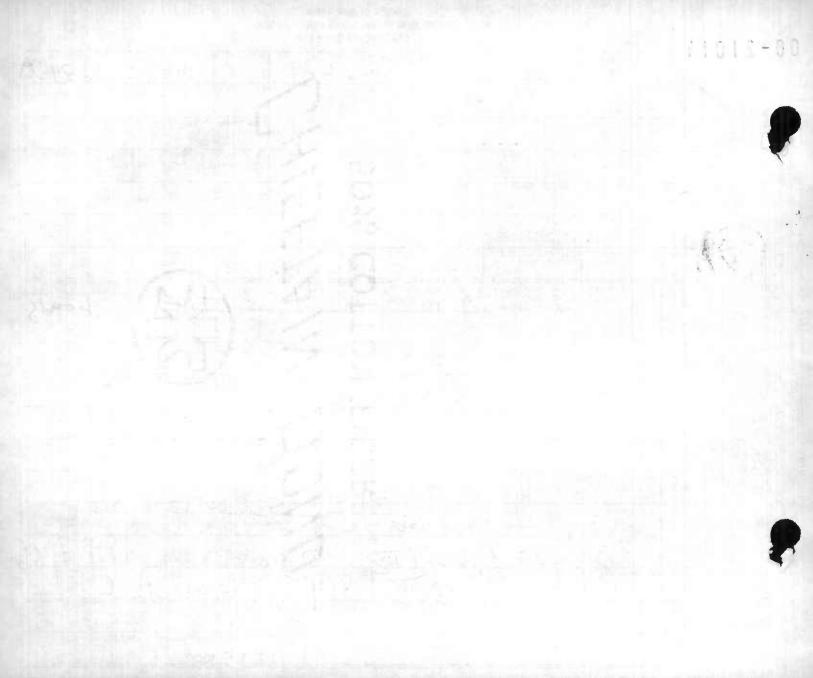
| 25th Date REC'D BY REGISTRAR 255 REGISTRARS SI
| NOV 0 5 1986 | Spring Davidson Frederick, Md

234 LOCATION

023211 HOV-706 Lot Mark of -mines on lettreph introde spinsters & ipins NY 18 of memory in Soul a series and the series of the series and Toward more Comp. Jak 19 Faller 12 16 15 E

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STATE OF MARYLAND



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DHMH - 16 50M 1/B1 (VRA 15, 4) FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ATEC	DE DEATH	MONTH	DAY	YEAR	26 HC	SILE

		CEASED NAME	FIRST		MIDDLE	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	_
	{TYPE	OR PRINT)	Orten	ce	Edward	Sr	noot	Sept. 26	19	86	2:45	P.,
	3. SEX	X	- (RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	4	IF UNDER TYEAR	IF UNDER 24	HRS
	70	lale		Whit	0	Feb.		72	VDE	MONTHS DAYS	HOURS	MIN.
	70 BI	RTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
		irginia		11	SA	WIDOW	D NEVER MARRIED DIVORCED	Frederic				440
		TY OR TOWN OF DE	ATH 11	. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ION	12b. KIND O	F BUSINESS	S OR
)		runswick	3 0	Resid		9 Eas	st "C" St.	(TYPE OF WORK FOR MOST OF Brakeman	F WORKING I		road	
1	₩5UA 13a. S	AL RESIDENCE (IF NUR	13b COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			21-	711
	-	ryland	Frede	erick	Brunswi	ck	YES NO	39 East	IIC II	Street	01/	16
1	4 FA	THER'S NAME	MIL	DDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	,	
J		John	Edi	ward	Smoo	t	Annie	Viole	1	Kli		
1		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		East "C	III St	
		No	(11 123, 0112 1	AN ON DATES!	213-18-	8680	Leona R. Sm				21716	5
ĺ		18 CAUSE OF DEAT	H (Enter only	one couse per	line far (o), (b), one	l (cu)	Λ.			APPROX	MATE INTERVA	ATH
		PART I. DE ATH V	VAS CAUSED I		(0	al him	10				
					R AS A CONSEQUE	NCE OF	4	1				
1		Canditians, if ony	, which	(b)_	K AS A CONSEQUE	IACE OF		7				
1		gave rise to im	mediate	,	R AS A CONSEQUE	NCEOF						
		underlying couse		((c)	K AS A CONSEQUE	INCE OF						
1		PART 2 OTHER SIG	NIFICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE JERMI	NAL DISEASE OR CON	DITION GI	IVEN IN PART 10	21	=
	NO.				50.1	2-0	ASUTO					
)	CAT	19a. DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN		_
	CERTIFICATION							YES NO		IFYING CAUSES	NO [
П	8	21a. ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART : OR PART 2)		
	CAL	OR CONTRIBUTING		P.		19						
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TO		COUNTY	STAT	
	*	WHILE NOT WE AT WORK	HILE D	(AT HOME, STE	REET, FACTORY, OFFICE FA	ARM ETC]	STREET	CITY OR TO	WN	COUNTY	SIAI	t
		22a I certify that (I)		ottended th	e deceased from_		19	, to		. 19	that (1) (we	last
1		sow the deceas obove (I) (we) (ed office on		9/15 198	6 in	High hy) (aur) opinian d		ate and ho	our and from the	couses stote	d
1	-1	22b. SIGNATURE	ala (ala not) (new the body	otte/ orgin		DEGREE			22c. DATE	SIGNED	-
		Man	466	10	h		ATTENDING DHYSICIAN TO	MEDICAL STAP	F CAN C	10/	1/8	6
		22d PHYSICIAN'S N	AME DYPE OR PE	RINT)			22e ADDRESS	DIRECTOR PHISIC	IAIN	101	, , ,	0
		George	S Po	ah I man	. M. D.		200 073 1/2	tanfand Da	1	Tarabasa	17	
-	23n B	URIAL, CREMATION,				AME OF C	209 Old Wa	123d LOCATION		Leesour	g. ve	1.0
	(SPECIFY)	WEATHO A WE		0.0			CITY OR TOWN	,	COUNTY	STAT	
		urial INERAL DIRECTOR		9/30/	oo IPa	rk He	ts. Cemetery	Brunswi REC'D. BY REGISTRAR	CK.	Frederi		Md.
		NAME		***	ADDRESS	-	007	1.7	Lulia .	TRAK S SIGNAT	HACO	
	J	ohn T. Wi	lliams	Fune:	ral Home	Brun	swick, Md. UU!			- 10000	حسب ا	

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00-20479	1-	FOR STATE	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	290	6
20479	1 DE	REGISTRAR	MIDDLE		AST	REG. NO.	ONTH DAY YEAR	Tay HOLES
e e e		CEASED NAME FIRST	M 0		Sbury	26. DATE OF DEATH	- 4.1986	11 : NO ED
ny be poge 3 death	3. SEX	Krist	1 MARIE	S. DATE C		6. AGE (IN YEARS LAST BIRTHD		IF UNDER 24 HRS
To the de	1	F	W	MONTH 6		17	YRS DAYS	HOURS MIN
2 30 01		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR	1	
10 10 12	Bertina .	atyland	USA	WIDOWE	D DIVORCED	Freder		MD.
= 1 20/04	100	ederick, Md	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FABILITY, GIVE Frederick M		HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	of BUSINESS OR
212		AL RESIDENCE (IF NURSING HOME CONTACT	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?		IP CODE	740
AND E SECTION		Md Wash	ington Hage	erstown	YES NO	Rte 9 B	776/	,,0
AARYL d within d within d within)4. FA	Remail Ja	MIDDLE Stansh	uru	Florence	Marie.	Campbe	2/1
RE, A		VAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRESS	1.1	1
IMOI n ono Pogo	, "	(IF YES, G	VE WAR OR DATES) 214-11	-8390	Florence Strus	oury Rte 9 8	Box 378 Hag	zerstown, M.
requires that the death ce requires that the death ce is signed by the attending Then please remove carbo or to buriol, cremation, or r injury, or ather traumatic.	rion	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) HODE DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	Kin's	Disease	NINAL DISEASE OR CONDIT		rs 9 month
AL RECORDS, he law required has been sign permit. They ere prior to be days ony injurt to be a sony injury	CERTIFICATION	190 DATE OF OPERATION	Respiratory	Failus	- Trachoostomy		Ob. IF YES, WERE FIND IN N CERTIFYING CAUSES YES	
ION OF VITAL HYSICIAN: The nding physicion is certificate th buriol-tronsit p Mentol Hygier or Ihem 18 sfo		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	216. TIME OF INJURY	DAY YEAR	. 10 -0 //	RED (ENTER NATURE OF INJURY IF		
SICLA POP POP POP POP POP POP POP POP POP PO	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19				
O C S T S C D	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Di a se m			outo) ottended the deceased f	rom	1/28 1986	, to 10/0	1 1986	that (We) lost
R ATTEN haspital hespital ned far us ipt. of He		sow the deceased plive o	n 10/4 ot) view the body ofter death.	19 <u>86</u> , or	d that in my (our) opinion	death occurred on the date		
OR A OR A DIREC Sched Dept.		226. SIGNATURE	- AA	7 1	DEGREE		22c DATE	SIGNED
Y the XAL Deto		John W.	Smill !!	-, M	D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	10/	4/86
TO HOSPITAL retained by the TO FUNERAL should be deta with the Store!		JOHN W.	Smith II	M.D.	335 Park Ave	, Med. Pavill	ion, Frederic	k, Md2170
Of Gray		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	P. CHAIT	pratt .
BP	<u> </u>	Burial	10-7-86	beaver (Lteek Cemetery	Hagerstown		on Ad.
DHMH - 16 60M 7/84 (VRA 15, 4)		ohn H. Bast, J	t Funeral Home r. Boonsboro	Md. 2	1713 250. DAT	T 09 1986	RECISTRAL	Office

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1. W. LANK LEI TELL TIEL LIER, W. LIVOL.

corbanpope

other

CERTIFICATION

MEDICAL

THER'S NAME Bartley

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if ony, which gave rise to immediate

cause (o), stoting the

underlying couse

190 DATE OF OPERATION

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

22b. SIGNATUR

Burial

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18 CAUSE OF DEATH (Enter only one couse per line for to

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT

22a.1 certify that (1) (this beapital) attended the decease

George I. Smith, Jr.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TM ALE AUC ASI A STATE OF FOREIGN 76 CITIZEN OF WHAT CO COUNTRY 11. NAME OF HOSPITAL ITY OR TOWN OF DEATH NORTHAN UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDE 30. STATE MD nontconce

ENRY CLARENCE TO	EL	10-17-1	\$6		6 OF AM
PAUCIASIAN S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
ITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWE		9 BALTIMORE CITY OF	R COUNTY O	FDEATH	MD.
NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL HOME OF STREET ADDRESS!	Manor	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF			BUSINESS OR
RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION) WORKEY ROCKVILLE	13d INSIDE CITY LIMITS? YES NO [ZIP CODE	uch De	20850
Teel	15 MOTHER'S MAIDEN NAI FIRST Mary	MIDDLE		Lannin	g
FORCES? 166 SOCIAL SECURITY NO. 146-03-4353	Virginia T.	Moye Fores	rapaho t Heigh	e Dr.	d. 20745
AUSE (a) DN EUM 21 A				APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (b) ALZHEILER	DISTASE	(PRODAD	15/		
DUE TO, OR AS A CONSEQUENCE OF					
DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART To	
196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOW		VERE FINDING	
216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M., 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	: OR PART 2}	
21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
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10 "	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		17 d	SIGNED SC
Smith, Jr., M.D.	200 E. 16th	St., Frede:	rick, l	arylar	nd

23d. LOCATION

CITY OR TOWN

Brentwood

DHMH - 16 60M 7/B4 (VRA 15, 4)

uld be detect PORTANT.

> 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill, Md.

10/20/86

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

COUNTY

P.G.

26 HOUR

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		1.	FOR STATE			DEPARTMEN		MARYLAI TH AND M	ENTAL HY	1.0	67	0	1.3	6	1
0 0	0007		REGISTRAR	BOWIE	FR	EDICAL EXA	AMINER'S	CERTIFI	CATEOF	DEATHO	REG. N	b. 7	100	9	
0 - 2	m · · · · · ·		CEASED NAME	30WI	E	MIUDIE	Th	0177	75017	20 DATE OF DEATH	ESTI- MATED	- 35		19 86	14 5 A
	ARY, PIEAS IL DIRECTOR YOUR FILES NV2 HOUR:	3 SEX	ALE WHI		DATE OF BAT	1914 6. AC		UNDER 1 YR.	HOURS A	HRS. 2c DAT PRONOU DEA	NCED	HTMOM	DAY 4	1986	24 HOU 5 3
-	ERAL OR YOUNG	70-B	RTHPLACE (STATE OR PREIGN COUNTRY)	71	USA	WHAT COUNTRY?		RRIED NE	EVER MARRIED DIVORCED		more city o	CIC /	TY OF D	EATH.	MI
		10. C	MT. AIRY	ATH 1		SPITAL, NURSING FACILITY GIVE STREET A RTHOLOWS		THER INSTITU	I MOITL	PAINTEI	JPATION (TYP DRKING LIFE)	E OF WORK	OR	ND OF BURNING	SINESS RY PAINT
20200	3835	USU/ 13a. S	AL RESIDENCE (IF IN NL LATE 1D.	13b COUNTY FREDE		GIVE RESIDENCE BEFOR		13d. INSIDE (CITY LIMITS?	3, STREET ADDR	RESS THOLOV	VS RI	. 21	771	
8		14. F.	William		AIDDLE	Thompson			ER'S MAIDEN	NAME	MIDDLE	nomps		LAST	
BALTIMORE,	AFTER D NV PAGE H FORM AGES 1 /	16n \ (Y	VAS DECEASED EVER	IN U.S. ARME	D FORCES? R OR DATES)	166. SOCIAL S 579-16		Netti		Thompsor	ADDRESS 1 Same	e as	# 13	3	7.5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	TED WITHIN 24 HOLL'S VENCIL IN ITEM 18 G XAMINES ALONG WIT AL-TRANSIT PERMIT BY MENTAL HYGERE, DIV N, OR REMOVAL.	Mary Services	18. CAUSE OF DEA' PART I DEATH W Conditions, if gove rise to couse (o) stoting	AS CAUSED B IMMEDIATE (ony, which immediate	Y: CAUSE (a) DUE TO, C	one for (a), (b), and consequence of the consequenc	N & L	ung					BETW	PPROXIMATE VEEN ONSE	E INTERVAL T AND DEATH
ECORDS, 201	BE EXECU- ENDING" IN MEDICAL E AS A BURIN ALTH AND CREMATION	NOI	lying couse lost. PART 2 OTNER SIGNIFICAN							110.					
TAL R	SHOULD SED OF HE LOSED	CERTIFICATION	190. DATE OF OPER	ATION	196 CONI	DITION FOR WHIC	H OPERATION	WAS PERFOR	RMED?					YES	P NO ₩
ONOF	RTIFICATE SHOUNG THE WORD OF THE WORD SHOULD BE USE SHOULD BE USE PARTMENT OF THE WORD SHOWN OF THE WO		UNDERLYING CONTRIBUTING	OR	HOUR A	OF INJURY .M. MONTH DAY .M.	YEAR	HOW INJURY	Y OCCURRED	LENTER MATURE OF	NJURY IN ITEM 18	PART 1 OR P.	ART 2)		
DIVISI	RDED SE 3 STE DEP	MEDICAL	216 INJURY OCCUR WHILE NOT AT WORK AT W	WHILE O		E OF INJURY (AT ACTORY, FARM, ETC.)	номе, 211	LOCATION STREET		CITY OR T	OWN	co	YINUC		STATE
•	O MEDICAL EXAMINER; THI XECUTE THE CERTIFICATE, M SEGE A SHOULD BE FORWA O FUNERAL DIRECTOR; PA KFER DEATH, WITH THE STA NALIMORE, MARYLAND, 21;			I took charge a	17	Accident Accident	eld on Aut , Suicide [Opsy		Undetermined n	nonner .	DATE	pinion	0-4	·1-86
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI AFFER DE		EXAMINER'S NAME (TYPE OR PRINT)		John G.			ADDRESS_		rick, Mo	l.	21701			
07/84	BP	(URIAL, CREMATION, P SPECIFY) BURIAL	OC OC	T.7,198		CACY CE			BEALLSV		MON		MD.	TATE
25M	DHMH - 17 (VR A15 ME (5))	FR	ANCIS H. I	BARBER	LAYTON	SVILLE,	MD. 208	79	OCT (0 7 1986		STRAR'S			

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REG.	NO.	2	9) 6	3
)F	DEATH	MONTH	DAY	YEAR	2h HOUS	0

	REGISTRAR				CERTII	ICAIL OF DEATH	REG. N	O.		10.00
	ASED NAME	FIRST	۸	AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
THEO	a PRINTI	Donald	l E		UTTERB	ACK	October	27,	1986	5:30
3. SEX		4. F	RACE		S. DATE C		& AGE (IN YEARS LAST BI	THDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male		Whi	.te	Feb	. 2, 1917 YEAR	69	YRS	MONTHS DATS	HOURS MIN.
70 BIRT	BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY? 18		Y2 8	NEVER MARRIED	9 BALTIMORE CITY		TY OF DEATH	
Maryland			U.S.A.			DIVORCED	Frederick County,			N
	ror town of DEA Frederick	TH 11.		OSPITAL, NUR HEACILITY, GIVE STR BIEGS AT		DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (Salesman		LIFE) 126. KIND O INDUSTRY Leta:	il sale
13a. ST.	RESIDENCE (IF NURS ATE aryland	13b. COUNTY Fred	lerick	GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 504 Biggs	ZIP COL	DE 21701	
14. FATE	HER'S NAME FIRST Ernest	MIDI R		terback		15 MOTHER'S MAIDEN NA	ME	N.	Fog	le
	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS COL	Biggs A	Tara
(162	No		ne	220-01-	1294	Irs. Joyce J.	Utterback,	704 Tm	praga w	Wa or
	Conditions, if ony, gove rise to imm couse 101, stotin underlying couse	nediote g the	(b)	R AS A CONSEC						
	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION	190 DATE OF OPERATION 196. COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART : ORPART 2)	
¥	WHILE NOT WH	HE T	21e PLACE C	OF INJURY EET FACTORY, OFFIC	E, FARM ETC J	211 LOCATION STREET	CITY OF TO	IWN	COUNTY	STATE
	22a.1 certify that (1) (this hospital) attended the deceased from									
	24 PHYSICIAN'S NA	2/ 5/	teller	nu		DEGREE ATTENDING PHYSICIAN E	MEDICAL STA	FF CIAN []	120. DATE	SIGNED
l '			Halvo	rson, M		1475 Taney	Ave., Frede	rick,	Md. 21	701
(SPI	RIAL, CREMATION,		Oct. 3	0, 1986	Resth	emetery or crematory aven Memorial	Cardens Fr	ederi	ick, Fre	derick,
Z4 FUN	Smith, Ke	enev a	nd Rae	forded	namal	Domo DAI	E REC'D. BY REGISTRAR	ZSB. REGIS	STRAR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE D STATE PREGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINT poge 3 86 10 29 Elizabeth Cecelia Van Fossen 5 DATE OF BIRTH IF JAIDER I YEAR 3. SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHOW IF UNDER 24 HRS NONTI ď3 Female. Caucasian 83 70. BIRTHPLACE " I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Frederick, WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12h KIND OF BUSINESS OF INDUSTRY Frederick Memorial Hospital Homemaker Frederick None SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 1134 INSIDE CITY HAUTS? Frederick 205 Lindbergh Ave./ 21701 Frederick Maryland NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Ida Green Charles F. Rem1ev 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 212 Wyngate Dr. 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWN) LIE YES GIVE WAR OR DATEST Frederick, Md. 213-74-7112 Eldred C. Van Fossen APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 10/31/86 Mt. Olivet Cemetery Frederick Burial Frederick Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1201 N. Market DHMH - 16 60M 7/84

Frederick, Md.

Dailey & Son F.H. PA

(VRA 15, 4)



	1			STATE OF MARYLAND						
	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B OREG. N	. 2 9	0 7 0			
		CEASED NAME Mary	Louise	VanVeen	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR			
		XXXXXXXX	Louise	VAN VEEN		10-24	-86 2 AI			
ord)	3 SE	Fe	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	WON	NDER I YEAR IF UNDER 24 HRS			
	FI B	RTHPLAVIary Land IGN	76 CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	YRS PRICE COUNTY OF				
^	TR C	TY OR TOWN OF DEATH		WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	T.	ML			
U	Ze	AL RESIDENCE (IF NURSING HOME OF	Homeword	Ceterement Center	Home mak	er	7b. KIND OF BUSINESS OR NDUSTRY Home			
35	BE	STATE N36 COUR	outgomen Let	DVN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 5221 Lo	cust Av	e., 20814			
Z	Bur	THERS HAME VERST	MIDDLE Last	Combe Mary	AME	n	LAST //			
medico.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SI		s VanVeen A 52	21 Locu	st Ave.			
			one 2/8-38	7-9423 Bethe	sda, Md. 208	14				
		PART I. DEATH WAS CAUSE	nly one cause per line for (o), (b), ED BY: TE CAUSE (o)	ond is			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
otion, or ref		IMMEDIA	DUE TO, OR AS A CONSE	OUE VICE OF	1	1				
		Conditions, if any, which (16) SEVERE Chronic obstructure feel.								
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF	cholon					
to buriol, cri	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10								
		SEVERE ARTEMUSCUERUS'S 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200 IF YES, WERE FINDINGS LISED.								
2	IFIC.	190. DATE OF OPERATION	176 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?			
_	CERT	21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	YES T	OR PART 2)			
and the		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	211 LOCATION	CITY OR TO	WN	COUNTY STATE			
			ral) attended the deceased fro	MORTON 10 F	1 10 0040	10 62 10	86 that the Wallact			
				ond that in (my) 4001) opinio	, 10		, 1101 (11 (440) 1031			
		22b. SIGNATURE	104	DEGREE			22c. DATE SIGNED			
-		22d. PHYSICIAN'S NAME WIPE O	C. Smith	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗍	28 oct 81			
		· · · · · · · · · · · · · · · · · · ·	I. Smith, Jr.,		ouse Ave., Fr	ederick	, Md. 21701			
		BURIAL, CREMATION, REMOVAL Cremation		NAME OF CEMETERY OF CREMATORY Smithsburg Cremator		g, Wast	ifing ton, Md 4"			
IMPORTANT	24 FU	URIAL, CREMATION, REMOVAL	Oct.25,1986	NAME OF CEMETERY OR CREMATORY Smithsburg Cremator d Funeral Home 250 A	y Smithsbur	g, Wash	ing ton			

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AUCE -UN (House to . 1. Danne 923 Bill

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE - 2319 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) : 45 Dorothy Mae Wilson Oct. 19, 1986 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDED 24 HPS MONTH YEAR Female White 17. 1909 Oct. 7b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH DM MARRIED NEVER MARRIED U.S.A. Frederick Co. WIDOWED DIVORCED [] IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Frederick Memorial Hospita (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Frederick housewife own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Fred. Detour 12975 Detour Rd. NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Simon Snurr Gertrude Crone 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213-48-2210 Dorothy Wilson Detour, Md. 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stofing the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on abave, (I) (we) (did) (did not) view the body after death ____, and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME HAPE OF PRINT 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1SPE Burial Oct.22,1986 Lutheran Cemetery Middletown fred 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Prompson Funeral Home ADD Middletown, Md. DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.	,		
	October 4, 1986	10:40 p		
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR	IF UNDER		
	83	HOURS	MIN	
	BALTIMORE CITY OF COUNTY OF DEATH Frederick,		MD.	
	120 USUAL OCCUPATION 126 KIND O	F BUSIN		
	Homemaker INDUSTRY	None		
?	13e STREET ADDRESS / ZIP CODE 201 Upper College Terr	ace/	2170	
NAA	MIDDLE Fry			
or	ADDRESS 201 Upper C d M. Yinger Frederick,	o1.T Md.2	erra 1701	
	APPROXI BETWEEN (MATE INTE	RVAL DEATH	
RM	INAL DISEASE OR CONDITION GIVEN IN PART 110			
	200 AUTOPSY? 20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES			
URR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)			
	CITY OR TOWN COUNTY		STATE	
		that 🦱 (
on c	leath accurred on the date and have and from the	causes st	oted	

DECEASED NAME RUTH THOMAS YINGER TYPE OF PRINTS 4 RACE 5. DATE OF BIRTH 3. SEX Female Aug. 30, 1903 Caucasian Je BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED D. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Frederick Memorial Hospital Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Maryland Frederick Frederick NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN N. MIDDLE Cyrus Thomas Grace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 217-10-9297B Mr. Cliff 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Canditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t. HOW INJURY OCC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) NO! WHILE 220 I certify that (I) (this hospital) attended the becaused from saw the deceased alive on and that in (my) (que) apin abave, (1) (we) (did not) view the body ofter death. DEGREE 22c DATE SIGNED 226 SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

prior bed ond Mentol Hygrene should be detached with the State Dept

BP.

DHMH - 16 60M 7/84

MPORTANT

(VRA 15, 4) Dailey & Son

Burial

FOR

REGISTRAR

- STATE

230 BURIAL, CREMATION, REMOVAL 23b. DATE

A. Austin Pearre, M.D.

Oct. 1, 1986

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

M.D.

Toll House Avenue Frederick, Md. 21701

Frederick, Frederick, Md".

Oct. 6, 1986

1201 N. Market Streets DALE RECD. BY REGISTRAR'S SIGNATURE Frederick, Md. 21701

187/164/18

THURMONT, MD. 21788

ROBERT E. DAILEY &

(VRA 15. 4)

SON. P.A.

STATE OF MARYLAND

